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ABSTRACT

The proceedings of the 2nd annual Pittsburgh Conference on Art Therapy (with handicapped persons) consists of 44 items including full length papers, summaries of previously published papers, descriptions of workshops, and a limited number of abstracts (submitted by those who chose not to present a paper or workshop description). The papers are grouped into six parts, each beginning with an introduction. Part 1 deals with basic issues of percept and product. Parts 2 and 3 are concerned with the practice of art therapy in mental health facilities and educational institutions, with children and adults, individuals and groups. Part 4 focuses on the training of professionals in and through art therapy. Part 5 reflects on the creative process, and Part 6 concludes with the state of the arts in education and therapy. Contributions from professionals (primarily from western Pennsylvania) include not only art therapists, but also psychologists; psychoanalysts; movement, play, and drama therapists; specialists in child development; art history; and social work. (Author/PHR)

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Perspectives on Art Therapy

The Proceedings of the Second Pittsburgh Conference on Art Therapy

Pittsburgh,
Pennsylvania
May 20, 1977

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FOREWORD

The Second Pittsburgh Conference on Art Therapy was held May 20, 1977. This Proceedings of the Conference is a tribute to the growing interest in and recognition of art therapy as a viable treatment modality with different populations and in a variety of therapeutic settings. Although this Proceedings does not attempt to represent an overview of the field of art therapy, it does represent a cross-section of the work and ideas of many professionals involved with art therapy and related activities.

The Conference brought together nationally recognized figures who are leaders in the field, along with other professionals who are involved with the arts and therapy. The Conference opened with a keynote address by Irene Jakab, M.D., Ph.D., President of the American Society of Psychopathology of Expression, and closed with an address by Don Jones, ATR, President of the American Art Therapy Association. The Conference Chairperson was Judith Rubin, Ph.D., ATR, President-Elect of the American Art Therapy Association.

Professionals with a range of experiences, primarily from Western Pennsylvania, contributed to the Conference and to this Proceedings. Selections are included not only from art therapists, but also from psychologists, psychoanalysts, movement, play, and drama therapists, specialists in child development, art history, and social work. This volume is enriched through the presence of many papers by non-art therapists, who offer their perspectives on issues related to the field of art therapy.

The body of this Proceedings consists of full-length papers, summaries of previously published papers, descriptions of workshops, and a limited number of abstracts, by those who chose not to submit a paper or a workshop description. The papers are not grouped as they were in the Conference, but have been reorganized into six parts. Part I deals with basic issues of percept and product. Parts II and III are concerned with the practice of art therapy in mental health facilities and educational institutions, with children and adults, individuals and groups. Part IV focuses on the training of professionals in and through art therapy. Part V reflects on the creative process, and Part VI concludes with the state of the arts in education and therapy. Thus, the Proceedings moves from percept and product, to practice, to professional preparation, to process, to progress — a series of p's which offer various perspectives on art therapy.

We expect that the Proceedings will serve as a valuable resource for persons in Western Pennsylvania and environs who are involved with the arts in education and therapy. We hope that it will serve to enlighten others as to one community's level of enthusiasm and involvement in art therapy. As noted in the remarks of Phillip Hallen, we also hope that this Proceedings will find its way into the hands of those "who hold the positions of power and decision-making" within institutions, so that they recognize the importance and validity of the expressive arts as viable treatment modalities.

Ellen A. Roth, M.F.A., ATR, Editor
Judith A. Rubin, Ph.D., ATR, Co-Editor

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We are grateful to the Maurice Falk Medical Fund for its grant which made possible in part the publication of this Proceedings.

We wish to thank the Canadian Journal of Psychology for permission to reprint a copyrighted figure. From "The Role of Frequency in Developing Perceptual Sets," by B. R. Bugelski and D. A. Alampay, Canadian Journal of Psychology, 1961, 15, 206. Copyright 1961 by Canadian Psychological Association. Reprinted by permission.

We also wish to thank Roberta H. Shoemaker, M.F.A., ATR, Editor, Creativity and the Art Therapist's Identity, The Proceedings of the Seventh Annual Conference of the American Art Therapy Association, for her guidance.

Finally, we wish to thank the hard-working members of the Conference Committee who made that event possible, and the many diligent presenters who contributed to this Proceedings.

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PART I

PERCEPTION, IMAGERY AND DEVELOPMENT

Introduction

The art therapist is concerned with both inner and outer realities. Inner realities encompass both psychological phenomena and biological sensations. Inner realities operate on conscious and unconscious levels. Outer realities deal with an individual's relationship to his environment: how he/she perceives and copes with his/her daily experiences. Inner and outer worlds impinge upon one another. The interaction of inner and outer realities contributes to each person's perceiving the world differently. Thus the art-maker and the art-observer may view the same image, and yet perceive it in a different manner.

In her address, Jakab pointed out that, while the images in the art work of mental patients may be similar to those found in the Fine Arts, the perceptual and psychological states of the creators may be quite different. Whereas Jakab focused on art-makers, Goldstein discusses from the point of view of perceptual psychology why (art) observers perceive pictures differently. He highlights various factors contributing to perceptual differences among people. In a similar vein, Fredette's discussion of her workshop focuses on imagery skills as a component of perceptual development. The workshop explored various uses of imagery in mental processes.

In the field of art therapy, the production of images is understood partly as a way of coping with conflict. An example of such a use of imagery in the troubled child was seen in Reiswig's presentation of monster drawings by three children in play therapy. Individual children select from their own perceptual experiences particular images which become loaded with meaning, like the child described by McFarland. A dynamic understanding of the meaning and function of imagery produced by a disturbed adult can be a key to the patient's traumatic past, as in the case presented by Alexander and Armani.

An individual's image of his/her body is reflected, in part, in his/her drawing of the human figure. Kozinckas discusses the normal developmental progression of figure drawing in young children. The known sequences of development in child art form the basis of an interesting set of parallels by Gordon, who compares the artistic development of the child to the evolution of world art from the Paleolithic age to modern times.

The papers in this section reveal that an art image is influenced by an individual's perception of his external reality. It is then synthesized in terms of his/her internal reality, and is made personal in a process which varies according to development, personality, training, and unique life experiences.

ART, THERAPY AND PSYCHIATRY

Irene Jakab, M.D., Ph.D.
Professor of Psychiatry
Director, John Merck Program
Western Psychiatric Institute and Clinic
University of Pittsburgh
President, American Society of
Psychopathology of Expression

This is an Abstract of the Keynote Address

The purpose of this presentation was to find similarities and differences in style and content between art products known in the Fine Arts and products of mental patients. The content of the material and the methods of presentation are similar in the Fine Arts and in patient art, when depicting strong or morbid emotions. The difference in their creative process is that the artist is able to evoke these feelings and be their master, while the mentally ill and emotionally disturbed patient is dominated by the morbid feelings, unconsciously choosing the subject, the technique, the color and the style of his art work.

INDI\"DUAL DIFFERENCES IN PERCEPTION

E. Bruce Goldstein, Ph.D.
Associate Professor of Psychology
University of Pittsburgh

The basic premise of this paper is that, although perception is in general similar for most people, there are differences in perception caused by individual differences between people (cf. Davidoff, 1975). A few of the causes of perceptual differences between people are discussed briefly below.

Perceptual set – If Figure 1 is presented for about 1/10-1/2 second following a brief exposure to Figure 2, then Figure 1 is usually perceived to be a rat; whereas if it is viewed following exposure to Figure 3, it is perceived to be a man (cf. Bugelski and Alampay, 1961). This example of perceptual set shows that a person's prior experience can influence his or her perception. This means that if two people have different prior experiences, they could perceive the same stimuli differently.

Physical differences – Perhaps the most familiar example of how physical differences affect perception is color blindness. This is a defect in the retinal receptors which causes a person to see colors differently than a person with normal color vision.

Age differences – There is a large body of literature which supports the idea that children perceive things differently than adults, or that they interpret what they perceive differently than adults (Davidoff, 1975; Rosinski, 1977). One aspect of children's perception that is particularly interesting is that they observe things differently than adults. This is demonstrated by a comparison of the eye movements that children and adults make when looking at pictures. Children tend to look at small areas of a picture, sometimes ignoring most of the picture in favor of one interesting detail, whereas adults tend to take in the picture as a whole (Mackworth and Bruner, 1970). These differences in attention must affect perception, since what is not looked at can not be seen. This point is particularly relevant to art therapy, since it means that the therapists (adults) and the patients (often children) may be perceiving the same picture differently.

Differences in motivation or training – An experiment by Brunner and Goodman (1947) showed that a person's motivation can influence perception. When poor children were asked to estimate the size of a coin by adjusting the size of an opening to match the size of the coin, the poor children adjusted the opening to be larger than did the rich children. It should be noted, however, that these differences between rich and poor children are small and have not proved to be very reliable (Carter and Schooler, 1949). Toch and Schulte (1961) showed that police training affected perception by testing three groups of observers in a binocular rivalry task. Binocular rivalry refers to the fact that if different images are presented to the left and right eyes, only one image will be perceived at a time, with the observer's perception flipping back and forth between the two perceptions. When observers in these experiments were presented with a violent image to one eye, and a nonviolent image to the other

Fig. 1

Fig. 2

Fig. 3

Figure 1 from "The Role of Frequency in Developing Perceptual Sets," by B. R. Bugelski and D. A. Alampay, Canadian Journal of Psychology, 1961, 15, 206. Copyright 1961 by Canadian Psychological Association. Reprinted by permission.
Figures 2 and 3 adapted from the above.

eye, it was found that observers who had completed a course of training in police work initially saw the violent image on 52 percent of the trials whereas college students and observers who had just begun police training reported the violent image on 22 and 26 percent of the trials, respectively.

Personality differences — There have been numerous reports of differences in perception between psychiatric patients and normals. For example, it has been reported that schizophrenics experience distortions of vision such as seeing parts of objects (Arieti, 1962), that schizophrenics have poor attention (Silverman, 1964), and that the rate of flipping of a Necker cube differs for different groups of psychiatric patients (Meldman, 1970). The results of many studies on psychiatric patients are, however, not consistent with one another. This is partially due to difficulty in diagnosis, and the resulting differences in the patient populations observed in different studies.

Within the normal range of personality, there is general agreement that different people often respond differently to the same stimuli. In fact, the basis of many projective tests is that people will perceive or interpret unstructured material differently, and that these differences reflect differences in the personalities of the observers. While there is no doubt that different people do respond differently to unstructured material (e.g., the inkblot of the Rorschach test); many workers in the field of psychology doubt the validity of these tests, because it has not been possible to show that personality differences within the normal range can be predicted based on responses to projective tests (Davidoff, 1975). A recent review of the literature on perception and personality comes to the conclusion that "The evidence for perceptual differences related to personality, at least for individuals whose behavior falls within the normal range, is not overwhelming" (Eriksen and Eriksen, 1972). Thus, while a person's responses to unstructured or structured materials may be helpful to an art therapist who is trying to understand that person, we do not know enough about how a person's responses to pictures are determined by personality to be able to base a diagnosis solely on these responses.

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PICTURES IN YOUR MIND: THE USES OF IMAGERY IN THINKING/LEARNING PROCESSES

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The purpose of this workshop was to engage in an experiential review of some of the uses of, including responses to, images and imagery; to consider some of the contemporary ideas that may be adjacent to this focus and to experience and analyze some of the imagery/visualization techniques that have been developed. A goal for this activity was also proposed. It was to synthesize the above experience by categorizing and classifying imagery processes into a taxonomy. This taxonomy would be useful both for teachers and for teacher educators who are interested in guiding the developing imagery using skills within the persons with whom they work. Iconic knowledge (images and imagery) is a component of (almost) all content/discipline areas but the qualitative level of skill with which individuals process and use this knowledge is seldom considered. In fact there appears to be no basis for such hierarchical sentience.

It is probable that we all make wide use of imagery in our familiar day to day thinking process. When the process is examined it is found that imagery is the information base for many of the decisions we make in the course of a day. This behavior however is probably not related to formal educational experience. When we examine the process and product of general education we find that the major focus is on the symbol system of words, not of images. It appears that imagery skills are assumed to be inherent in the course of perceptual development while language skills must be actively taught.

Shared Imagery Experiences

The workshop began with introductory information sharing experiences which called upon participants to identify ways they use imagery in thinking, to consider whether words or images were brought to mind as associations with several word cues, and to state whether they believed they could or could not draw, with detailed specificity, the entrance through which they entered the building. For this task, they were asked to close their eyes and attempt to imagine the entire process by which they would fulfill this assigned task, to see the finished product in their mind's eye and then to share the experience through discussion.

Our second activity was to identify a number of the varied uses of imagery in mental processes by means of a set of slides which were selected to serve as visual cues for attention. These images provided a rich context of associations for shared imagery experience through description and discussion. Some of these were:

1. Examples of the categories of images individuals may select for meditation. These included symbols of integration around a central core and symbols from nature.
2. Several progressive closeups of the painting Hide and Seek by Tchelitchew represented the process of searching for images within images, seeing new aspects of familiar contexts.
3. Image changes as a result of changing point of view were represented first with examples made by changing the location of the camera and then by our trying on differing role 'filters' while we viewed a common object and shared the role-derived meanings.
4. Several ambiguous, amorphous images were shown for projective purposes and we considered our projections in terms of reality/illusion.
5. Several slides were prefaced with a brief description of what was about to be shown and this led to discussing the effect of expectation or 'set' on perception.
6. Next participants were asked to name (label) as quickly as possible an image which would be flashed on the screen. Before seeing it again they were asked to describe visual details they could recall. Some sense of labeling as a deterrent to full observation resulted.
7. These slides concluded with an image to "fill consciousness."

Generally we had examined the uses of images to communicate, alone and in conjunction with words; we had established a common vocabulary for the qualities of images; and we had reviewed the variant meanings of images, imagery and imagination.

Adjacent Ideas

Some adjacent ideas were presented graphically through overhead projections. These included:

Hemispheric specialization in terms of process specificity (Sperry 1970, in Fincher, 1976).

Horowitz's categorization of the modes of thought representation, one of which is images. Also, his list of the 'Categories and Types of Images' (1970).

McKim's list of the active mental operations that occur in visual thinking. (1972)

Visualization Techniques

As a final activity some visualization techniques were explored to determine if within them, there were clues to the determination of a taxonomy. These included: Samuels' sequence of visualization exercises (1975), Richardson's examples of suggested items for a test of imagery (1969), and McKim's list of image cues by which an individual may rate his ability to control the image (1972).

Conclusion

Although the workshop goal as initially stated was not achieved, our interaction resulted in the generation of several questions which could serve as a starting point for further development:

What are the critical dimensions of difference among imagery processes? Do these dimensions have operational specificity? Can these dimensions be arranged in a sentient hierarchy?

These questions were a conclusion, as well as a possible beginning.

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GHOSTIES AND GHOULIES AND THINGS THAT GO BUMP IN THE NIGHT

Rita Reiswig, M.S.
Director of Children's Programs
Pittsburgh Psychoanalytic Center, Inc.

This presentation compared and contrasted the monster drawings of three preschool children, as expressions of their individual body images. The relationship of the drawings to the children's progress over time in individual play therapy was discussed.

REALITY AS A SOURCE FOR CREATIVE WORK

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As a child's individuation-separation work progresses, he is increasingly aware of others as well as of himself. His adventures with the world expand as his distance perceptions become more effective, and this brings him into awareness of holes in his environment as well as of his body apertures. He explores the textures and shapes of objects and the sounds they make, and he applies to this his maturing motor capacities.

His perception of objects is bound to his perception of his body. As reality testing reflects the increasing strength and complexity of the child's ego, his curiosity and learning about the environment are partly freed from his tendency to project self-meanings onto the reality with which he interacts. Yet the environment continues to have symbolic meaning for him.

As the babies' distance perceptions become increasingly effective, mothers tend to turn their babies around on their laps to facilitate what Mahler calls the babies' "love affair with the world". Mothers often hold objects in their hands, so that babies can grasp them and explore their qualities. In their play with their babies, fathers seem especially to enjoy introducing objects to their children, and attracting their infant's attention to moving things and how they work.

Initially, babies are especially attracted to things around them that are similar to their own bodies, and seem to use their body experience to comprehend objects outside themselves. For example, holes are interesting to babies. Susan Isaacs pointed out long ago that, for a baby, a hole represents his mouth; and in his play he loves to poke things into holes, as in his mouth experience, he finds gratification in the nipple or his thumb in his mouth.

I mention these simple things of infant perceptions of the real world around him, in order to bring to our awareness how profoundly our perception of objects and phenomena in our environment is related to our inner experience -- both biological and psychological. For this reason, the creative work of children tends to draw on images in the real world around them.

Reality may have been incorporated into the child's inner psychic life and provided him with symbols for his experience, just as his inner experience is often projected onto the world around him. To illustrate this, I would like to tell you about the creative work of a very fragile little girl who had been born weighing a pound and twelve ounces, and whose life had hung by a thread for many weeks. In the process of her care in an incubator, she had lost the vision of one eye.

By the time she was four years old, she was concerned about the distortion of her face by her blind eye. As she looked on the world of things, she was absorbed by classifying objects as either pretty or ugly. At about this time her mother read her the tale of Sleeping Beauty. She wanted the story read again and again.

Then she began to use miniature dolls for making up dramas about beautiful and ugly. One little doll was her favorite, and to this doll she gave the name Beauty. It soon became apparent that Beauty represented herself. Through the figure of Beauty, she worked on the identities of doctors and nurses and what their work was. In her Beauty play, she was

absorbed by themes of rivers for a long time. As a Pittsburgh child, she had seen boats buoyed up by the water, but she also knew of the rivers as a source of drowning and death. In the sunlight the rivers were beautiful, but in a storm the rivers are dark and ugly. I wish there were space to explain to you the importance the rivers had as an expression of the inner flow of her experience – constantly changing, with moods of love and rage and fear associated with her oedipal development.

When this child was five, she became absorbed in drawing trees. She loved to watch the trees through my office window, and was intensely aware of the change of the trees with the rotation of the seasons. At this time she was still biologically fragile and fearful for her integrity. Her drawing of trees was different from any other child with whom I have worked. Her trees began with the drawing or painting of a complex root structure. She would carefully draw in a river or stream from which the roots could drink; then, with great interest, she would cover the root structure with brown earth and green grass. She often said, looking at me roguishly, "Only me and you know they are under there." After the roots were covered, she would create a strong trunk and spreading branches.

Again, I wish there were space to share with you the details of how the image of the upstanding trees, with their underlying root structure, were meaningful resources for this little girl's creative work on the longing to be deep-rooted and strong, the wish to be beautiful, and her awareness of her need for nurturant support as the stream was to the tree roots.

It is my hypothesis that throughout life the real world feeds our creative capacities because, whether we are aware of it or not, our perception of our external environment and our self perception are forever bound together in our associations.

CONTRIBUTIONS OF THE ART THERAPIST TO THE DYNAMIC DIAGNOSIS OF CONFLICT – A CASE HISTORY

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and
E. Dale Amani, ATR
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One of the values which an Art Therapy Department brings to a hospital setting, lies in its potential contribution to the diagnosis of the specific conflicts and attempts at resolution, which underlie an individual patient's mental disorder. The skills of the art therapist cannot claim a unique role in this regard. We recognize that the dynamic issues discovered in this case and in others could have been revealed by other means. In this case, however, the patient's art productions did in fact provide the clue to an area of major psychological conflict, to the childhood trauma which accentuated it, to the persisting intensity of the related unconscious fantasies, and to important features of his basic patterns of defense.

Heavy use of psychotomimetic* drugs prior to onset of the psychosis complicated the clinical picture to some degree. We have good evidence, however, that the patient's patnology was actively in progress well before that, expressed both in his life and in his art. After a brief case history, we will consider examples of the art and our assessment of their significance for diagnosis and treatment.

Mr. J. is an unmarried college graduate in his mid-twenties. He was brought up in a stable, middle-class home. His two siblings are healthy and successful, and there is no history of mental illness. His early development was considered normal, until a routine pre-school physical examination revealed a small right inguinal hernia and hydrocele at age nine. Corrective surgery was recommended. The child's

An extended version of this paper appears in Creativity and the Art Therapist's Identity (Proceedings of the Seventh Annual Conference of the American Art Therapy Association). R. H. Shoemaker & S. Gonick-Barris (Eds.). Washington, D.C.: AATA, 1977, p. 4.

*PSYCHOTOMIMETIC
While any number of drugs can produce a psychosis, the term psychotomimetic agent is confined to those substances which produce psychological changes in a high proportion of subjects exposed to the drug without producing the gross impairment of memory and orientation characteristic of the organic reaction type.

response was unusual. He showed no reluctance or anxiety, told his friends eagerly of his forthcoming hospitalization, and registered no distress when a change in the G.R. schedule caused him to enter surgery before his mother arrived to be near him.

In Junior High School, he was overweight. He entered upon a period of intense preoccupation with his physique, and developed a powerful musculature through body building. During the spring of his junior year in college, he began to use drugs, including mescaline, L.S.D., marijuana, opium and heroin (sniffed). Under drug influence, he experienced painful bodily sensations, including a pain in his right side and navel. He also saw a vivid image of a surgical incision. Drug use became heavy in the summer, and in the fall he entered a mental hospital in a psychotic state.

He resumed college as a senior a year later, and made an experimental film depicting an incision being made on a draped patient in an operating room. Since then there have been three further hospitalizations, each preceded by a resumption of heavy drug use. Drawing and painting, which have been important to him since childhood, became compulsive and prolific during these pre-admission periods. He feels more energetic and creative with a great need to draw, but he is aware of a repetitiveness of theme during these times.

The incision image has continued to appear in his art under drug influence. More recently explicit paranoid attitudes and thoughts have appeared, and the patient is clear that he has never felt normal since the first hospitalization. The poignant expressiveness of this patient's art stands in marked contrast to the rather meager self-revelation possible for him in spoken interview.

THE DEVELOPMENT OF THE HUMAN FIGURE DRAWING

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Many persons working with children make use of the human figure drawing (HFD) as either a formal or informal aid in understanding and appreciating the children with whom they are involved. A HFD is a complex product, the distillation of cognitive, affective, and perceptual (motor) factors. As such, it is a fairly sensitive reflection of the development of and fluctuation in these variables. While there is a rough correlation between the sophistication of the human figure drawing and a child's chronological age and intelligence, the relationship is far from perfect. As children develop at different rates, so does the quality of their drawings. Even within a single classroom of normal children, the quality of drawing generally varies considerably. Similarly, for any one child, those factors involved in drawing skill may lag behind or surge ahead of development in other areas, only to probably equalize later on. The drawings of the same child may even vary considerably in quality within the same day. A general appreciation of normal developmental trends can help the clinician recognize gross deviations, suggesting areas of concern which may be in need of more extensive evaluation. Rigid expectations based on age, however, should not be made. The ages mentioned in this paper are therefore intended to be only approximate.

The following is a brief description of the formal development of the HFD as it reflects the development of the child. The material has been gleaned from clinical experience, as well as from the texts listed below. Only some of the texts consulted could be listed; other references may be found in the bibliographies of those books included.

Scribbling is to drawing as babbling is to speech. Done first for the pure pleasure of the motor experience and seeing its effect on paper, scribbling has no representational intent. If a child is asked by an adult to label his scribble, he will usually comply. A three-year-old told me of her mass of colorful tangled lines: "The picture is of purple dinosaurs, of wild things, and of a lion." Similarly, if a child whose ability has not yet reached the representational stage is asked to draw a human figure, he will scribble, then label it as requested. As a child approaches three years, his kinesthetic drawings show an increasing tendency toward circular shapes. The child may discover that these marks suggest an object. Soon he discovers that he can represent intentionally, and then his drawings show more discrete circles.

Kinesthetic drawing, the joy of recording movement, will gradually give way to the now greater satisfaction of creating representational form. Pleasure in the abstract is still maintained in spontaneous drawings (e.g., "It's a design") and returns again as a preferred product in the school-age child. For a time, the representational and kinesthetic may coexist;

attempts may be made to represent a human, for instance, by adding eyes to scribbles. Soon however, the circle becomes the basis for all further representational human drawing.

A child can create the human figure only from those shapes he has practiced. The human figure therefore emerges from a combination of circles and lines. The circle with radiating lines may be labeled "sun" by the child. However, it is also the shape used to represent "spider," "pussycat," "mommy," "daddy," and "me." Soon the "arms and legs" no longer issue helter skelter from the "head"; even in the midst of a bustle of tiny appendages, some vertical and/or horizontal extensions from the circle are emphasized (by length or pressure) which are reminiscent of arms and/or legs. Soon the human form is reduced to head, arms, and legs. Soon too the arms and legs both issue from the base of the head, rather than randomly or from "mid-head." It is at this point that the figure becomes recognizable as human to the adult (or, if facial features precede, when eyes and mouth are isolated); however, as mentioned above, even the "sun" form may represent a human to a child. Facial features, eyes-nose-mouth, may precede limbs in a child's depiction of the human figure. There is no absolute order in the addition of features. These basic forms may become quite elaborate, (e.g., Humpty Dumpty shapes with arms and/or legs bedecked with hats, hair, ears, fingers, toes, and animated expressions) yet showing no body.

There is no steady onward progression from one stage to the next. The movement ebbs and flows, forward and back. While the changes are definitely progressive when viewed over a number of days, they would sometimes appear just the opposite if only a few successive drawings were examined.

The child draws that which is important to him at the time, and what he remembers at the time, thus revealing some but not all of what he knows about the object. A child may therefore include arms one time, legs another, sometimes hair. The child draws an idea colored by feeling, hence the charm of children's drawings for adults. A drawing of an angry person may include long sharp teeth and flashing eyes. The "bigness" of adults is sometimes depicted, not by the overall size of the figure, but by very long legs, which are probably very impressive to a knee-height child. The child draws an inner, not an optical reality; what he knows is there, not only what he can see. A drawing of a "mommy" clearly showing the baby in her body is therefore not unusual.

A child draws that which is important to him. The child may include features reflecting sexual identity before a figure possessing a body is even within his repertoire. Length of hair, curls, and hats are used by even three-year-olds to depict sex differences. Undisguised genitals are rare in the drawings of children not engaged in psychotherapy. As depiction of a body is developed in a child's drawings, sexual identity may be indicated by clothing (often very elaborate, particularly in 5 to 6-year-old children). As a child's sophistication develops, the figures may be dressed in exaggerated stereotypical sex roles (e.g., "princess," "cowboy") reflecting the child's developmentally appropriate "all or nothing" concept of sexual identity. Clothes and roles remain the major vehicle for depicting sexual identity for a child (at least in those pictures adults are allowed to see), until his comfort with his own and others' bodies allows him to begin to appropriately depict actual physical differences.

There seems to be a transitional phase in which the body, as such, is still not distinguished, yet the child shows signs in drawings of some awareness of the need for such a new development. Drawings of this nature include a circle head with the now-routine arms and legs emerging close together from the base of the head. The legs may consist of parallel lines which are quite elongated relative to the arms. Only a horizontal line somewhere down the length of the legs would be needed to complete the image of a trunk. The arms may begin to issue from a joint along the length of the "almost-trunk," rather than from the head. Not all children, however, demonstrate this transition.

Eventually, usually no earlier than five years, some acknowledgment is made in the drawings of a trunk, either by circle, square, oblong, or merely by a line drawn to join the two "legs." The trunk is always two-dimensional. (A popular misconception is that the "stick figure" is an adequate representation of a child's drawing. The stick figure is actually quite sophisticated. I have seen it drawn by children no younger than six years, who are either defensive, in a big hurry, or mimicking adults.) Trunk, trunkless, and transitional figures may coexist for a child, even on the same page of drawings. The head remains larger in area than the body for a long time yet.

It is after the emergence of the trunk that the limbs are drawn in two dimensions. It is as though realization of two dimensions is not conceptually possible until it is experienced with the creation of a trunk shape. Since no step is ever immediate and maintained, two-dimensional limbs are not used on a consistent basis, and may be mixed in the same drawing until the early school years. Fingers and toes, emerging soon after arms and legs, also may soon be depicted in two dimensions. The preschool child may even take considerable pride in demonstrating his ability to portray the proper number of each. A four-year-old once proudly demonstrated her counting skills to me by counting the fingers of one hand, then laboriously reproducing five fingers on one hand of her figure drawing. Thrilled by her success, she attempted to reproduce this fact on the other hand. A bit carried away by the flush of success, she counted the fingers of both hands, and then drew ten fingers on the remaining hand. She did not notice anything wrong.

The trunk, once created, may then become quite elaborate, boasting buttons, filled in with color, or bedecked with other embellishments. In fact, given this rather restricted repertoire, a child's figure drawings can be very expressive and highly individualistic. The "belly button," that mysterious object of intense interest, is among the first objects to be included in the trunk. (In fact, given young children's interest in it, one could think the trunk shape may be developed only as a logical place to portray the navel.) It quickly disappears again, however, with the self-

consciousness of the five- or six-year-old.

The trunk soon becomes segmented, a definite neck shape is developed; and in late preschool or early school age, clothing is added. Until this time, the drawings have been innocently unclothed, yet, due to the lack of body detail, not naked. The clothing may be quite elaborate, and may depict costume. With this growing interest in the human figure's nonphysical accessories, other aspects of the environment are more routinely included with the human figure (e.g., a setting for the figure – this may be included in preschool drawings but by school age it seems more frequent).

As the child develops through the early years of school, his figure drawing becomes more refined in the sense of control and elaboration. It is not until eight or nine, however, that the child attempts to depict optical reality (transparencies, usually a pathological sign in an adult's drawing, may persist in children's drawings at least until this age). It is not clear at what point most children attempt to draw a figure in profile. Some time after six years the effort may begin, resulting in transitional figures in which the profile is mixed (body in full view, head in profile, or profile showing both eyes on the same side). These are the child's graphic attempts to master optic reality. The full profile with no transparencies eventually is developed. It is followed by depiction of movement, and attempts at perfection of detail.

Thus the human figure drawing develops from a circle to a fairly accurate depiction of a human form, reflecting graphically the development of the child.

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ART DEVELOPMENT IN CHILD AND CULTURE

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Art creativity of any kind develops only through a continuous feedback and reinforcement between cognitive, psychomotor, and affective skills. The art historian tends to focus on the first pair, and the art therapist on the last pair. But there seems no reason in principle why ontogeny should not recapitulate phylogeny, in art as well as in embryology. I shall present the thesis, then, that there is a structural development in the ability of the human organism to create certain kinds of art; that structural "stages" occur with the maturation of the individual, appropriate for the three-year-old or the ten-year-old; and that these stages also occur, historically, in cave painting, archaic art or early Renaissance painting. This is my hypothesis. It has not yet been seriously proposed, to my knowledge, but it is a thesis that seems quite credible. Taking seven stages in the artistic development of the child from age two or three to age eleven,[1] it is possible to demonstrate reasonably close parallels in the art of world cultures from 10,000 B.C. to recent times.[2] In each parallel, we must assume that a certain threshold of interaction between cognitive, psychomotor, and affective functions is achieved and practiced before a new level of integration can be attempted.

The Scribbling Stage

The first stage, typical of the child at age two-and-one-half to three, is known as the scribbling stage. While there may be some degree of psychomotor control, either longitudinal or circular, the earliest art product may be called "uncontrolled scribbling". We may find something similar to this in certain cave paintings from Altamira, Spain, from about 10,000 B.C. We refer not to the beautifully realized representations of animals which are the best-known works from the caves, and developmentally the most ad-

[1] My examples of children's art are taken from a text on art education that I have found particularly convincing: Saunders, R.J. Relating Art and Humanities to the Classroom. Dubuque: Wm. C. Brown, 1977. (See Figs. 10.1 and 10.2)

[2] My examples of world art are taken from the slide collection of the Department of Fine Arts, University of Pittsburgh.

vanced, but rather to certain finger tracings embedded in the wall surfaces. It is these scribble-like marks, made originally in clay or mud areas of the walls, which were presumably later elaborated into the animal images. We do not wish to minimize the great artistic accomplishment of the Paleolithic cave painters. Their representational skills certainly justify our wonder and admiration today. But we must recognize that these artists were working in the same caves for centuries, generation after generation, to develop these skills that we now admire. They began, as any child must begin, with the most primitive doodling and scribbling marks on the walls. If the child must creep before he can walk, so the artist must scribble before he can draw.

The Design Stage

The design stage is typical of the child between ages three and four. At first there are merely enclosed shapes, irregular or centered, but soon there are geometric forms – circles, squares, stars and snakes – which evolve into "combines" or "aggregates" of increasing complexity. The core shapes remain, however, essentially regular and repetitive. And so we find a remarkable parallel to designs found on many ritual bronzes of ancient China from the late Shang and early Western Chou dynasties, c. 1100 B.C. to c.900 B.C. In the Kuang shape, for example, the bronze is cast as a vessel somewhat in the shape of a bird. The actual design motifs on the metal surface, however, are quite close to the aggregate shapes by the four-year-old. Even closer in appearance to the child's combine designs are certain petroglyphs from the Easter Islands, dated between 1000 B.C. and 1000 A.D. Abstraction is here paramount. Nevertheless there is little point in seeking an esoteric meaning to these simple geometric designs, for the mentality of the artist is not yet sufficiently advanced.

Emotional Placement

Geometric combinations and aggregates form the child's first figural art, for example the "stick-figure" human being or animal. From age four to age seven the figures are often placed in an irrational or illogical relation to one another. This is the stage of emotional placement. That is, there is no schema, no space, no principle by which the figures are organized on the piece of paper, the wall, or other working surface. On the contrary, the art is egocentric – in the sense that "I" am one of these figures and the other figures and objects are "around" me or related to me in some way. Such emotional placement is also typical of Paleolithic cave paintings, but there of the completed images. As at Lascaux, France, the individual horses or bison are not related to one another in a rational manner, but instead float freely over the wall. Some are even upside down. Nevertheless the idea "horse" in 10,000 B.C. brings with it the idea of "other horse" and other environmental factors. Even at the outset of specifically Western art history, in Minoan painted vases from 1450-1400 B.C., we find this irrational placement. For example, in an amphora with helmet designs, the helmets are placed in a rambling pattern around the vase, and the surrounding elements are not related to one another in any logical perspective. In the most famous of Minoan vases depicting cuttlefish and rocks, what may at first glance seem naturalistic is still without any spatial organization. The octopus-like arms flow around and between the rock shapes in a completely abstract manner.

Baseline Placement

The stage of baseline placement is a slightly later alternative to that of emotional placement, sociocentric where the other is egocentric. It is typical of the five-to-seven-year-old, but does not fully replace the emotional stage until the child begins to read and write. In many drawings from this stage, the child is as large as a house or a tree but is for the first time on the same ground-plane as they, and so shares their environmental space. Visual narrative has now become possible. Once the baseline is placed, everything else can relate to it. Once the horizontal is drawn, then figures and forms can become vertical, upright, and obedient to gravity. This is the major structural breakthrough into compositional organization; the method by which a visual field becomes equivalent to a spatial environment.

The stage corresponds historically to that of the great transitional cultures where oral ballad-singing yields to written vernacular poetry, e.g., the age of Homer in ancient Greece or the time of the troubadors in medieval Europe. We find this baseline placement in the Greek Geometric style, e.g., the well-known funeral scene from an Athenian jar of the 9th century B.C. Despite differences of scale, despite the emotional placement of large figures over tiny ones, we still find the baseline common to the entire narrative. It creates a rudimentary rationality by which a cognitive art can begin. In a similar manner, it is the groundline that structures the famous Bayeux Tapestry in the French Romanesque period, dateable in 1076 A.D. The work is lovely, and aesthetically quite interesting, but its highly expressive and even emotional statement is made at about the level of the kindergartner or first grader.

Because I am an art historian, and because I value the quality of this great work in the Bayeux Museum, I am forced to bring equivalent praise to the work of the seven-year-old who can achieve a comparable level of achievement, not in terms of genius but in terms of basic cognitive insight.

Fold-Over Space

The next stage can be called that of fold-over space. In the work of the seven or eight-year-old child there emerges the desire to depict objects from their most "typical" views, even when this requires several vantage-points at once. This is a natural desire that can lead to a very odd-looking image, common in first- and second-grade classroom murals, where two walls are rendered to either side of a floor and where "up" can signify the left and the right simultaneously. If the image is actually folded at the two baselines between floor and walls, then doors and windows will be properly upright. But the image itself lacks any single spatial orientation. Such a quasi-logical but impossible space has its parallel in Egyptian tomb painting of the New Kingdom, as in a pond with fish from c.1400 B.C. There the trees are seen straight on and the pond from

directly above. The Egyptians made a convention of this kind of space for almost 2000 years, choosing to depict profile legs and frontal chests, profile faces and frontal eyes, and the Egyptian convention was even borrowed by Greek artists of the Orientalizing period. So on a proto-Attic vase from around 650 B.C., the blinding of Polyphemous is rendered as an attack on a frontal eye in an otherwise profile silhouette.

Overlapping Distance

The ensuing stage emerges in the child aged nine through eleven, and may be called overlapping distance. Here the mind finally grasps the idea that there can be several people or objects within the line of sight, one in front of the other, and that this relation can be suggested by superimposing the former over the latter. It is hard at first for the third or fourth grader to accept the fact that by overlapping part of a distant person he is not eliminating or obliterating him. But perceptual observation gradually confirms the nature of overlapping, and so its adoption by the youngster marks a dawning commitment to artistic realism. The classical Greeks, oddly enough, never made this commitment; although the makers of the Parthenon frieze understood the principle of overlapping, they preferred wherever possible not to use it. Only in such Roman wall paintings as the Aldobrandini Wedding from 20-40 A.D. do we find some of the figures actually overlapping parts of others. This is also the first historical style to introduce a shallow stage-like space, and so it is no accident that Italian artists some 1300 years later revived both spatial properties in the process of reviving the earlier Roman realism. Indeed only in the early Italian Renaissance, particularly in the Maesta by Duccio from 1310 A.D., do we find a style which depends directly on the overlap for its basic expressiveness. Surrounding the Virgin, the three tiers of angels ranked one behind the other create both a harmonious pattern on the surface and a hierarchical grouping in depth. Once again, we must admire the artist's skill. Were we not modern and sophisticated people but instead 14th century observers, we would be impressed by the lifelike and realistic image that the artist has achieved — exactly as a fourth- or fifth-grader would do it. Historical accounts tell us, in fact, that Duccio was hailed as the greatest painter of his day. He achieved a level of artistic realism that had been reached only once before in art history.

Conceptualizing

The last of the seven stages is that of full conceptualization, and is not achieved until the age of ten to twelve years. Just as conception is preferred to perception, so a certain degree of cognitive abstraction replaces the unalloyed realism of the previous stage. In a fourth-grade mural (see footnote 1), there is a considerable advance beyond the stage of fold-over space. A sidewalk is seen in its most "typical" view from above, to be sure, but a parking lot to the left is rendered in its most perceptually untypical but conceptually logical "ground plan." Moreover, a factory on the right is seen in an "x-ray view" which denies the principle of overlapping altogether, since we see right through the factory wall. The young artists are clearly putting their cognitive knowledge ahead of affective understanding, and so their work is both intellectually compelling and emotionally awkward.

The same can be said of Paolo Uccello's Battle of San Romano from about 1455. Here, too, there is an attempt to show spatial relationships on a flat surface. Uccello arranges the lances on the ground so that they point to a common vanishing point near the horizon, thus achieving that one-point perspective recession which was Renaissance painting's greatest invention. Another happy result of the conceptualizing stage is the twentieth century style of Cubism. As in Georges Braque's 1913 Bottle, Glass and Pipe, the Cubist artist can also show objects from above, from the front, and from the side at will — just like the fourth-graders. Moreover he can abstract a common object like a pipe from its tangible appearance into its merest outline, replacing its solid form by its empty silhouette cut out of a piece of newspaper. Conceptualization is the process by which we "see" a perspective recession or else a solid pipe — where neither is actually present in the art work. These kinds of conceptual illusion have appeared only during the past 550 years, relatively recently in the 6000-year span of recorded history. They correspond to the great cognitive achievement of the child at the age of plus or minus eleven, the age when the child has the potential to become mature.

Regression in Art Development

If my reasoning is thus far correct, then it follows that art development is not — and cannot be — monodirectional. There is not only progression in the evolution of art, in other words, but also regression. In the individual child or adult we know this to be the case: regression in art as well as in life has been called "withdrawal from reality the better to master it." (Hartmann, 1958, p. 58). Self-expression is in this sense therapeutic, and is a prelude to renewed engagement with the world. But artistic regress is also evident at the cultural level as well. And here too, within certain limits, a withdrawal from outer to inner reality is a periodic necessity and enjoys a general acceptance by society. A few parallels between masters of modern art history and the art of children will make this point.

In the background of Marc Chagall's 1911 I and the Village, for example, there is a regression to the stage of baseline placement common in the five-to-seven-year-old child. For between the large heads of the artist and the cow one sees the tiny forms of the "village" constructed on a single baseline. Chagall shows several houses normally alongside two that are upside down, just as he renders an upright peasant next to his beloved who is upside down — all joined by the groundline that, alone, structures the narrative. Another example is Paul Klee's Stars Over Angry Houses from 1916, which recapitulates the stage of baseline placement even more directly. The houses are childlike indeed! This is not surprising, for Klee actually started studying the art of his young son Felix before World War I and so the adult's influence by children's art was now conscious and intentional. By 1922, when Dr. Hans Prinzhorn published his Artistry

of the Mentally Ill, it was widely understood that psychotic art also involved regression and that there were therefore clear similarities between the art of the insane and that of modern painters.

In the case of a 1912 Head by Alexei Jawlensky we find a modern master operating at the developmental stage of emotional placement typical of the first grader at about age six. Any elementary school art teacher will recognize in the Jawlensky exactly those affective and psychomotor skills which are so important in the young child. And in the case of certain paintings by Karel Appel, such as the 1957 Count Basie, emotional placement is tied to a kind of frenetic execution that borders on the scribble of the three-year-old. As one of the leading members of the Cobra group, Appel is trying to create as impulsively, as emotively, and as spontaneously as possible. The result thus resembles the best kind of finger painting of which the four-year-old pre-schooler is capable.

Our final examples of regression in modern art are still more extreme, and even more significant. For our model is the scribbling stage of the very young child aged two-and-one-half or three. And our examples of cultural achievement come from early Surrealism. Joan Miro's Birth of the World, for example, is a large six-foot painting done in 1925. The entire background of daubs and streaks is created by smudging the blue and black paint with a sponge wiped vigorously on the canvas; only afterward did Miro add the few red, white and black geometric shapes – not unlike those of the design stage discussed earlier. Creation occurs, for the Surrealist artist as for the scribbling child, out of the chaos of chance gesture and blind psychomotor action. This is also true of another pioneer of Surrealist painting, Andre Masson, whose Automatic Drawing dates from 1924. What Masson describes as "automatic" art, coming directly from his unconscious, unwilled and unplanned, is remarkably like the "uncontrolled scribbling" we have seen by the three-year-old child.

Of course Masson goes on to articulate certain "Freudian" images in this drawing, images which are no longer either automatic or scribbled. And in general, one must distinguish between the expressive and regressive "inspiration" of art and its gradual "elaboration" under conscious ego control – an elaboration which is in principle cognitive and progressive (Kris, 1964, p. 59). It is at this point that one rightly separates the art of the skilled adult – who obeys certain cultural conventions of his time and place – from that of the unskilled child who as yet knows no such conventions. Nevertheless I believe the evidence supports this conclusion: if in culture, so in the child — regress is often a healthy and necessary prelude to further progress.

Summary

Art development in child and culture is a two-way street. Both ontogenetically and phylogenetically there are some seven structural stages in the evolution of man's art-making ability. These stages are undoubtedly doubly satisfying to the artist, for they signify both success in problem-solving and integration of psychomotor, affective, and cognitive functions. In terms of ego constitution, the stages are like fortified strongpoints by which the progressing mind advances and to which the regressing mind retreats. Both in terms of art therapy and in terms of art history one must respect each stage of achievement in its own right, rather than preferring the stages in which one function (e.g., the cognitive) is dominant. For progress, once made, can readily be lost. And regress, once encountered, can often trigger a new advance. In terms of raw growth, each stage is a conquest, a new level of achievement. In terms of psychic integration, each stage can embody a reculer pour mieux sauter, a tactical withdrawal for better strategic mastery. Central to all such argument, however, is a determination that the stages do in fact exist both in the microcosm of the child and in the macrocosm of the culture. It is this thesis that has been presented here.

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PART II

ART AND THERAPY WITH THE HANDICAPPED

Art therapy is frequently used with handicapped children and adults, because it is especially well-suited to those with cognitive, sensory, or physical deficits. It does not demand verbal skills, or even a high degree of fine motor coordination. Art provides an alternative form of communication for those who must struggle to be understood, like the retarded (Roth, Kunkle-Miller), the deaf (Hanna and Irwin, Cutcher), the speech-handicapped (Whittingham), the learning-disabled (Malezi-Hollingsworth, Shader, and Fogarty), and the multiply-impaired blind child (Aach).

The goals for art in therapy and in education with these populations are situation specific. Major goals may vary from bridging communication with the deaf through expressive interactions with art materials (Hanna and Irwin, Cutcher) to facilitating the expression of angry affect in a stutterer (Whittingham). Primary goals for the retarded may include, in addition to promoting self-esteem (Kunkle-Miller), helping children to develop concepts that they poorly convey (Roth). Goals with groups of children in educational facilities include integrating the creative arts with academic learning (Malezi-Hollingsworth et al.), and integrating storytelling, dramatic play and art experiences (Aach).

The presentations in this section deal not only with a variety of disabilities, but also span a range of age levels, from children, to youths, to adults. These individuals with intellectual and sensory impairments are treated in a variety of settings including: a special school for day-students (Malezi-Hollingsworth et al.), residential schools (Aach, Hanna and Irwin), a speech clinic (Whittingham), a therapeutic activities center (Kunkle-Miller), and psychiatric hospital units for disturbed, retarded children (Roth) and for disturbed deaf individuals (Cutcher).

Art therapy with the handicapped, like the field in general, is in a period of rapid experimentation and development. Practitioners are striving to find new and better ways of working with those with deficits, both individually and in groups. Several of the papers in this section describe innovative attempts to use art to better understand the handicapped, and to more fully help them obtain better integration and make developmental gains through creative self-expression. Such work is both a challenge and a reward, a stimulus to the creativity in each art therapist so involved.

"REALITY SHAPING" WITH A DISTURBED RETARDED CHILD

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Introduction

This paper will discuss an art therapy technique of special utility for emotionally disturbed-mentally retarded children. This technique is "reality shaping." It combines traditional art therapy techniques with behavior modification principles. It involves education in the process of therapy. Reality shaping begins with a concept that is poorly conveyed by the child's initial art productions. This concept is then developed into representational form, through the construction of increasingly complex two- and three-dimensional models. This structured technique gives concrete form to vague concepts which may underlie a child's pathology.

Case Illustration

Mary, a 6-year-old mildly retarded girl, had a history of destructive behavior. The event precipitating her hospitalization to the John Merck Program for Disturbed Retarded Children, Western Psychiatric Institute and Clinic, was setting fire to her family's home. The fire was started by a cigarette lighter which Mary found in her mother's purse. She ignited a lamp shade. Then she stood outside of the house

An extended version of this paper entitled "Art Therapy with Emotionally Disturbed - Mentally Retarded Children: A Technique of Reality Shaping" appears in the Proceedings of the Eighth Annual Conference of the American Art Therapy Association, 1978.

watching it burn, while laughing and hysterically screaming "Burn house, burn house." No one was hurt during the fire, but Mary's bedroom was badly damaged.

Mary's art therapy diagnostic evaluation occurred soon after hospitalization. (During art therapy sessions, a child is free to choose whatever materials with which he/she would like to interact.) Her initial art work was characterized by paintings in which all the colors were smeared together. No verbal comments accompanied these paintings. One month after admission, Mary began to participate in regular weekly art therapy sessions. Her paintings, at this time, consisted of separate and distinct areas of color distributed around the paper.

Mary took an interest in small wooden sticks that were available for the children to use. She began to glue the pieces of wood to a sheet of paper and then paint over them. For six weeks, her art products primarily consisted of groups of sticks glued vertically to the paper and then painted. Each of these wood formations was identified as "a house."

From Mary's art products, it was clear that she had difficulty conceptualizing a house. To help her properly conceptualize a house, I prepared a simple outline of a house made out of pieces of wood, and glued the wooden sticks to a sheet of paper. The same materials with which she had been working and with which she felt comfortable, were thus used to help her organize the schema of a house. She painted over each part of the house as we talked about it.

In the next art therapy session, Mary was given the opportunity to construct the outline of a house on paper, while referring to the model that we had made the previous week. She was able to do this with verbal and physical guidance. Having successfully made an outline of a house on a two-dimensional surface, the next phase in Mary's art therapy was the construction of a three-dimensional house.

This house, (size 10x10x10 inches) which took 16 sessions to complete was made out of the same wooden sticks with which she had already had a series of successful experiences. Mary was very protective of this house, always wanting reassurance that no one else would touch it. When the house was completed, she took it home. Shortly thereafter, reports from Mary's mother revealed that she had slowly and deliberately taken the house apart, and that she kept the pieces in a drawer in her room. First she had damaged her family's home. Now, by destroying her miniature house, perhaps the situation was symbolically balanced.

Two months after the three-dimensional house was built, Mary spontaneously began to make X-ray paintings of a house. These paintings were very different from her early paintings, which consisted of random shapes of color. They were characterized by a large rectangular shape (house) into which various forms were placed. These forms were identified as objects in the house, such as a couch, a window, etc. Mary's paintings now possessed a sense of order.

Mary's next major project was another three-dimensional house. It was a prefab job of cardboard. It was put together much more quickly than the first house. This house was a combination of her previous work. It combined the exterior of the first three-dimensional house with the interior of her recent two-dimensional paintings.

The interior of the cardboard house was divided in half. The partitioned area represented Mary's bedroom to which she had previously set fire. The room contained a red window. The bedroom was the first concrete reference made to the scene of the fire.

In subsequent weeks and months, Mary made two more three-dimensional houses, one of which contained a bedroom with two beds. She also made clearly recognizable drawings of houses. Other images that appeared in her art work for the first time in a year of art therapy included human figures, a fire truck, and objects in her environment (e.g., stoplights, parking garages). These objects were clearly recognizable.

In contrast to her carefully delineated paintings of objects, a painting emerged in which the colors were smeared together. The painting was identified as "fire." I commented that it was a picture of fire. Mary immediately responded, "I saw a real fire." She recounted in detail the scene of the fire in her bedroom, although she did not make any reference as to how the fire had actually begun.

From this time, Mary has been able to deal more directly and openly with the subject of fire in her home. In addition, she has made gains behaviorally, conceptually, and in her ability to represent objects graphically.

Case Summary

The construction of houses was meaningful to Mary on three different levels. First, developing the concept of a house was a positive activity in which she experienced pleasure and pride of accomplishment, serving to raise her self-esteem. Second, the construction of three-dimensional houses represented in concrete form the main structural aspects of a house. The miniature houses served to "reality orient" Mary's concept of a house which initially was extremely vague. Third, making two- and three-dimensional houses fostered an outlet for talking about fires, houses being burned, and other anxiety-provoking subjects. It was an opportunity for her to work through her conflicts within a supportive environment. By building miniature houses, she symbolically was able to undo the harm she had caused by burning her own home.

Concluding Comments

Reality shaping involves the systematic elaborating of concepts that are initially not fully understood by the child. The three-dimensional models serve as conceptual references and promote modeling behavior. This is a technique that facilitates the child's ability to express disturbing concepts, while fostering developmental gains. Reality shaping incorporates the use of two- and three-dimensional models to increase a child's repertoire of concepts and his/her level of abstraction. A lack of ability to abstract is a notable feature of retardation. Through the sequential use of simplified concrete models, an increased level of abstraction for the child is obtained. Reality shaping is an effective approach for dealing with emotionally disturbed-mentally retarded children in art therapy.

ART THERAPY WITH MENTALLY RETARDED ADULTS

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A search for literature regarding the use of art therapy with mentally retarded adults resulted in finding surprisingly few resources about this particular topic. This presentation discussed the existing literature, concerning the use of art, psychotherapy, and art therapy with mentally retarded persons. The author speculated why the use of art therapy with mentally retarded adults is presently so limited, including a discussion of stereotypes and assumptions related to the therapeutic treatment of the mentally retarded population. The paper discussed the value of art and art therapy as a viable means of expression that is capable of increasing mentally retarded adults' self-esteem by providing them with opportunities to experience success in a non-verbal modality.

The author worked with five mentally retarded adults, most of whom had been institutionalized at one time, and who now lived at home or in a group home while attending a Therapeutic Activities Center. Most of these adults were in the mild to moderate range of retardation with adaptive behavior deficits and emotional overlays. In two cases, the individuals who received art therapy were extremely limited in their expressive and communicative abilities; one of these persons manifested autistic, withdrawn behavior. The sessions took place in a Therapeutic Activities Center, but were also conducted in the adults' homes, in order to engage their families in the therapeutic process. The case study examples pointed out the value of using art therapy as an educational and therapeutic tool with mentally retarded persons of various levels of functioning. Based on the author's experience, illustrations of the following points were made: 1) Art can be an effective way of establishing a relationship; 2) Art can facilitate verbalization of feelings, especially about self, family and sex; 3) Art can indicate the intelligence level of a retarded person; and 4) Art can be useful in teaching basic living skills and in pre-vocational preparation.

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THE EXPRESSIVE ARTS: A COMMUNICATION TOOL WITH A DISTURBED DEAF ADOLESCENT

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This paper traces a communication teacher-therapist's experience with a severely disturbed deaf adolescent. Attempts to use the arts as a bridge to establish communication with him, led to helping him achieve a firmer sense of self.

Sam was a deaf, 18-year-old adolescent referred to the resource room for multiply-handicapped deaf young adults at the Home for Crippled Children (HCC). None of the adolescents in the program were quite so baffling as 18-year-old Sam, whose reaction to being separated from his parents seemed to stimulate severe regression. During the first month at HCC, he refused to bathe himself or perform other self-care tasks. Sam seemed unable to relate to others. He was fascinated with inanimate objects; he often laughed and talked to himself in a bizarre way.

An extended version of this paper appears in Arts for the Handicapped—Why? published by the National Committee, Arts for the Handicapped, Washington, D.C., 1978.

Sam's Background

Sam's parents referred him to HCC because of severe regression in functioning, which was precipitated by his first real separation from them. Before the regressive episode, they claimed that Sam was a child who "did everything he was supposed to do." He adjusted well to his deafness, and was a good student in the local high school in a classroom for the hearing impaired. As strict oralists, Sam's parents insisted that their son always use speech, not sign language. Prior to his illness, Sam's mother seemed over-invested in him, while his father seemed passive and uninvolved.

A radical change was noted in Sam's behavior following his parents' first two-week vacation without their children. At that time, Sam started withdrawing and was quite phobic. He worried, for example, about his food being poisoned. Alarmed, his family referred him to the deaf resource room at HCC.

Interactions with Sam

One day in the classroom, after an outburst, it became clear that either a way would have to be found to communicate with Sam, or he would have to be referred elsewhere.

An individual program of drama therapy was therefore begun with Sam. Since he needed individual help in order to build a sense of trust and to foster intrapsychic change, individual sessions were held with him twice weekly. He also attended weekly creative drama sessions with other class members.

Art Work: Establishing a Relationship

Since Sam often refused to work, it was clear that if any intervention was to be successful, a relationship needed to be established. A beginning step in helping to build a relationship with Sam was found in offering him an alternative to academic work. He was given a journal in which he could draw his feelings and responses. The therapist sat with him, giving selected feedback. Sam seemed to enjoy this activity, which provided an avenue of communication. It seemed to help bridge the inner isolation in which he lived.

Sam's first drawings in his journal consisted mainly of primary process ideation (e.g., abstract designs of repetitive lines and/or geometric shapes). Then he would draw pictures of cows and bears, and relate fantasies about his parents. He seemed to be symbolically describing his ambivalent and confusing feelings about them. He would often talk about "wolves outside the window watching him" and "a boon." Through his fantasizing, picture drawing, and limited verbalizations; the therapist perceived that Sam indeed had a struggle between his wish for independence and freedom, and intense difficulties concerning separation from his parents.

Two months after Sam started drawing in his journal, he no longer drew animal or abstract figures. He began to draw people. Although sometimes there were no physical or sexual distinctions between male and female in his drawings, Sam had made great strides in being able to draw human figures and to talk in a less disguised way.

Drama Experience: Articulating the Conflicts

From the beginning, Sam took part in group creative drama sessions. At first, he tended to sit back and participate only minimally. When he saw that each student's unique participation was accepted, he began entering into pantomime, e.g., imitating animals and having the group guess his identity. He readily acted out his impressions of a "scared rabbit" or a "mean, ugly bear behind bars groping for something to eat."

During individual drama sessions, Sam would use dolls and puppets to represent himself, his mother and father. Sam had not yet achieved a healthy separation from his parents, and therefore, had difficulty taking roles. He usually asked the therapist to play the mother or the father in his dramas. Repeatedly, Sam would play out scenes in which his father would be hung from the rooftop or his mother would be shot. In these and other situations, Sam repeatedly demonstrated the ambivalent love/hate he felt toward his parents. Although verbally unable to articulate his conflicts, Sam was able to symbolically express them in his sessions, and in many ways he demonstrated them in his behavior with his therapist. There was growing evidence of more effective communication, as Sam was helped to sort out and label his feelings, thus making it possible to achieve a sense of differentiation between himself and others, especially his parents. (Mahler, 1968).

Changes Over Time

Over a year's period of time, Sam gradually changed. He began to relate to others, teasing them, asking questions and going with them on short walks. Although most of his time was spent alone, he began to feel accepted, and he was able to socialize with others. In school, Sam was better able to attend to specific academic tasks. He offered his feedback in class projects. His speech improved, and he used manual communication more often to talk with his deaf peers. His body movements lost their rigid, robot-like quality, as he joined in movement games more freely. His parents reported that on weekends, he started to join in family activities again and that he would often go on errands, visits, and bike rides.

This experience with Sam, though difficult, demonstrated that expressive arts activities can provide opportunities for greater feelings of mastery and control for troubled youngsters. In providing opportunities for communication, catharsis and the working through of conflicts, art and drama activities can be a powerful therapeutic tool, particularly with the low language deaf adolescent who may be locked in a world with limited expressive outlets. Supervision from a well-trained drama therapist or another mental health professional may be necessary in order to decode the many meanings of the disguised messages, understand the nature of the transference, and plan a careful program of intervention. (Irwin and Rubin, 1977).

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ART THERAPY WITH DEAF MENTALLY ILL CHILDREN AND YOUNG ADULTS

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Introduction

The first important problem that confronts any person working with deaf individuals is communication. Due to the loss of hearing, language development is either very minute or is different from English grammar as we know it. Part of this problem is due to educational controversies about different teaching methods employed in deaf education. The different methods are: Oral, i.e., the use of verbalization and amplification; Manual, i.e., the use of fingerspelling and sign language; and Oral Plus, i.e., the use of verbalization, fingerspelling, sign language and any other system which facilitates learning and understanding.

A therapist who hopes to aid in the reintegration of an individual needs a thorough understanding of the individual's history, including his/her family situation, education, and functioning level. The therapist must also develop a meaningful rapport, in order to facilitate sharing of problems, and so that solutions may be reached mutually by therapist and individual. In many cases, this requires contact in other than art therapy sessions, so that the deaf individual will feel more comfortable and trusting towards sharing with the therapist.

Art therapy has proven to be a very valuable tool because the non-verbal approach encourages expression of feelings and inner emotions. I find that with deaf people, group sessions facilitate more interaction and interest, and are more therapeutic than individual sessions. This is because after a thought is expressed, the group members help with solutions that they have employed in the past. Individual sessions are used for the expression of personal problems that the patient does not feel comfortable sharing with the entire group.

Symbolism in Art by the Deaf

Symbolism in the paintings and drawings of deaf persons is different from that of hearing persons, and bears close observation on an individual basis. Because of language deficits, the conceptual transference of thoughts makes their drawings often resemble those of children or of individuals who are very confused. These drawings do, however, focus on a problem, and express only what is necessary to get the idea across to the group or to the therapist. The therapist must be willing to accept these drawings as they are, as a valid form of communication.

A good example of this situation is the self image that a deaf individual will portray. When a patient is first admitted to our unit, he is asked to draw a full-size image of himself, in order to ascertain how he relates to others and to himself. On most occasions the drawing is sparse, sometimes stick figure in makeup, and usually fragmented in terms of body parts. This drawing is used to communicate with the person, to encourage the individual to think of himself, and to build a more positive image. During this process, reasons why this is not happening are explored, and solutions are mutually agreed upon and implemented, so that the deaf individual feels that he/she is responsible for changing his/her behavior. Examples of this are given in three case histories, a 10-year-old day care patient, a 27-year-old female, and a 35-year-old man both of whom had previous hospitalizations.

Case I

This is a ten-year-old boy with aggressive, acting out, impulsive behavior. He had been in numerous foster homes, with lack of any stability in relationships. He displayed an inability to trust anyone, and a disregard for authority figures. This boy began art therapy in a structured setting with only a few media choices, in order to limit distractions. This situation proved unsuccessful, because he didn't feel comfortable and was unable to express his ideas. He was then introduced to the idea of building a drawing around a magazine picture, which he was able to successfully handle. His first drawings represented fighting, boxing, and other aggressive activities. As he felt more accepted on the Unit, his drawings began to show people in families and groups doing things together. He included himself in these drawings. He began to express his wish for a home, and he would often ask staff members to adopt him. At this time foster placement was initiated, and the boy was also re-involved in an educational program. At the time of discharge from the hospital he was accepting more responsibility for his aggressive behaviors, and he was able to be maintained in an educational program and in a foster home.

Case II

This is a 27-year-old female who had been previously hospitalized for five years, due to a psychotic break when her father was killed in an auto accident. Her history shows a meager existence, with much environmental and physical deprivation. This woman had been on a back ward, due to her lack of ability to communicate, despite ten years of schooling. Her drawings showed much aggression, lack of impulse control, and the inability to handle any stress situations. The involvement of her family in her treatment was very minimal, due to monetary restraints. During her hospital stay, she was able to face the situation of her father's death, and to try to accept this (father and daughter were very close). Numerous delusions were present but after a period of "reality orientation" she was able to accept her realities. Through structured drawings, she was able to reconstruct her past life, and was able to see that many of her delusions were due to a lack of communication and loneliness.

Case III

This is a 35-year-old man with a previous hospitalization of 11 years, due to one outburst at the home of his parents. His family totally rejected him; they were unable to forgive, including his father. His mother was dead, but this man had never been able to accept that. He was very withdrawn, with visual and auditory hallucinations, and delusions of imaginary friends. While at the other hospital, he had had no contact with the outside, or with individuals other than chronic institutionalized patients. He had a degree from a two-year technical school in drafting.

When first seen in art therapy, he exhibited much thought disorder, dwelling on fragmented subjects. He had a fascination with rockets and bombs, and would often spend hours drawing them. I began to interject reality situations, both past and present, and would not accept delusional drawings, such as monsters. He began to take more of an interest in his personal appearance, and he started to use more sign language and other forms of communication. At this time we tried to reinvolve family members, but they totally refused to even write to the patient. This fact was presented to him, and he was told he would need to consider living by himself and learning how to do this. He accepted this, and was able to secure an efficiency apartment. Due to lack of facilities to counsel the deaf, he was continued as a day-care outpatient, and was discharged after one year. He is presently living in an apartment by himself. He is able to handle his own affairs, and to go to a day-care program at a mental health center.

Facilities that are equipped to handle the special needs of the deaf, such as therapy through art, are able to eliminate the need for long-term placement and possible institutionalization of these individuals.

ART THERAPY WITH A YOUNG ADULT STUTTERER

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Introduction

At the time of referral, Al was a nineteen-year-old college student suffering from a severe case of stuttering. He had already had many years of speech therapy in various settings. Al was a bright boy with average grades in college. In spite of all of his potential, and all the help he had been given, Al's progress in speech therapy was slow. He revealed little in the way of verbal or non-verbal affect. Al's speech therapist felt that Al's stuttering was related to difficulties in recognizing and expressing feelings. It was hoped that art therapy could facilitate expression of affect for Al, particularly of his aggression. Art therapy was added, therefore, to the already ongoing intensive speech therapy.

The Art Sessions

The structure of the art therapy sessions seemed particularly suited to Al's difficulties. He was in control of the pace of the hour and whatever productions were to be made. Each week he began by choosing from among a variety of drawing, painting, modeling and constructing materials. For the first six months of therapy, we almost always sat silently until Al finished working and broke the silence. This might take from a half-hour to forty-five minutes. I sat silently watching him work, and carefully following the sequence of his productions to gain insight into his associations. In contrast to Al's speech which was controlled, jerky, and blocked, his use of art materials flowed quite freely. Al's work evolved spontaneously from an interplay of materials and associations as he attempted to solve the problem of communicating an idea. Al claimed that he usually did not know what he was going to do until he was well into the process.

The period of sharing his ideas about what he had made was more difficult. Al learned how to use the discussion about his art to raise questions, express feelings, and gain insights. I began as non-threateningly as possible by asking him questions that focused on the art work. My immediate goal was to orient Al to his feelings. Gradually I tried to help him think of himself as in some way related to his art productions. Al's verbalizations were always disfluent and became more so when the subject became more personal.

During the first few months, Al seldom looked at me when he spoke. For several months the topic of his speech was never raised by either of us. He was an anxious, fearful, shy boy, barely in touch with his feelings. In contrast to his behavior, Al's art work was rich with symbols and suggestion. The art was often quite abstract. Al was often able to give more verbal description and personal material when his work was not representational.

Patterns and Themes

Over the months of therapy, I followed the patterns of repeated words, symbols, and ideas generated through the art work to identify major themes. In the first session, Al presented a two-sided picture that he felt was sad. He did not comment on the idea of two parts, but the picture was clearly divided across the middle by a thick, reinforced black line representing the ground. On top of the line a tree was shedding colorful leaves while birds flew above. The sun was setting behind a partially visible mountain. Below the ground the scene was an all-blue reflection in water of only a bare tree. This idea of two sides became a predominant theme in his art work, much embellished and elaborated as time went on. The two parts were initially polarities, clearly divided as in the "sad picture."

The idea of looking, viewing, or having a point of view appeared often in the titles of Al's art work. This was the case with his first wood sculpture, a tall structure with a delicately balanced wood piece hanging inside a wide center opening. Al liked the sculpture because it looked different from different angles. In Al's third session, he drew a tall eighteen-story building using colored pencils and a straight edge. The building was named "Farview Hotel." A man stood on the thirteenth story ledge ready to jump, while several people watched from the ground and from windows. Al said that the suicide attempt was not serious, but only to get attention. In Al's description, the important ideas were that the man wanted attention, and that people were looking at something. Perhaps he was worried about what I might "see" in him.

Two weeks later Al used crayolas to draw a view from an airplane titled "The Almost View." When I asked Al to place himself in this picture, he chose to be above the scene in an imaginary airplane. He would be looking down through the clouds at the countryside, where there were cars, homes, a factory and a river. Al said that he might possibly land on the "wilderness island" in the river where there were no people. The distance Al put between himself and other people in the picture was analogous to his speech problem which he complained kept him from talking to people. Perhaps he was saying something about looking at activity of which he was not a part.

The first five sessions seemed to be Al's period of indecisiveness about the therapeutic relationship. By the sixth session, I felt Al had made a commitment to our joint therapeutic work. In that session Al used fingerpaint for the first time to make a partial view of a Christmas tree, entitled "Christmas Wishes." This picture was particularly interesting because of the close-up nature of the view, from below. It was like a child might see a Christmas tree. Al explained, "Part of the tree's not there. It's there but you can't see it." Among the many colored lights on the tree, Al had "mistakenly" put in one black one. He said that it wasn't supposed to be there, but he would leave it. It appeared that Al wished for something that this picture symbolized. The use of fingerpaint could have reflected his wishes for a looser, freer expression of self.

Al often set very high standards for himself, which he could not meet. When showing me some samples of his doodles, Al expressed concern that he could not get his lines straight. In fact, he often used a straight edge to make sure that his lines were perfect. Al's anxiety about his performance came across most dramatically in our seventh session. While working on a picture of a bowl of fruit titled "Your Choice," Al stopped during the making of a pear-shaped fruit. Silently, he tried to draw several shapes on another sheet of paper. I could see his frustration growing. When I commented that he seemed to be getting upset he complained that he just could not remember "how to draw a p-p-p-p-p-p...." Al blocked on the word "pineapple" for over a minute. I could see him tighten as he tried to spit out the word. After he finished, Al said that though he had never thought of it before, he might stutter when he could not get something exactly the way he wanted it. Al continued with his picture, and later realized that it was an eggplant that he had wanted to draw. Looking at the finished picture Al said that the black eggplant was the only part that he didn't like.

When Al made the fruit bowl, "Your Choice," he was symbolically giving me something. In trying to please me, he made himself passive and me active, i.e., the one to choose. At the same time he experienced anxiety about his performance when making this gift. Al's next construction, a wood and wire sculpture, reflected many of the complex themes of his therapy that were now becoming familiar. This machine he had made would make something both nurturing and stimulating. It was called "The Unstill Still." According to Al you could not tell on which side of the structure the activity would begin. It had an "expectant" feeling. Like Al, the structure seemed still, but a great deal was happening inside. He said that it was not clear from looking at the structure which side was the instigator of the activity. Al seemed to be unconsciously dealing with his feelings about activity and passivity. There was a sexual quality about the movement of the wire springs, as Al demonstrated their up-and-down action against the wooden "stabilizer" in the middle.

A few weeks later, in a picture called "Flight," Al outlined some of his fears around independence, involvement in a relationship, assertion, and his anger about having to go out on his own. The picture was of a five-stage rocket ship, connected by fuel lines to an elevator tower. On the bridge from the tower two "helpers" stood behind the astronaut. Al told this story:

> "I'm not sure where this spaceship is going. It's going somewhere where man has never been before. I would be the astronaut who has to do this all by myself to succeed. The two helpers on the bridge don't go along. I would be unsure of myself and worried about what I might find. I might find another race that would be hostile."

Al seemed to fear both aggression from the outside and his own unconscious aggressive feelings. He carefully outlined the five stages of the rocket to assure a safe trip going and coming back.

Al always denied his own anger until the sixth month of therapy, when he described how he felt some

people abused their speech. Al said he had once wanted to verbally hurt someone, and later felt badly because he should not have said what he did. His speech seemed to be tied to a dangerous aggressive power he had to control. At the same time, Al was having difficulties in his everyday life because he was not aggressive or assertive enough.

Over the next few months, Al portrayed relationships of several types in many symbolic forms. In a clay and wire structure entitled "Communications," he described the two sides as parts of a body. One was the heart with veins and arteries supplying blood to the other side, the organs. Al had connected his two sides here. They still had distinct functions, with the heart actively providing the resources for the organs to function. In his next session Al used finger-paint to portray a special relationship between two boys who were going fishing together. A few weeks later, he made a clay scene entitled "The Pet," in which a man and a woman under a shelter are playing with their pet turtle. Al said that the man and the woman were friends, but that it might turn out to be more than that. Here, the man is active – he initiates the playful activity with the turtle, which the woman watches before following his lead.

As Al continued to portray hopeful representations of relationships and possible means of connecting his two-sided symbols, he interspersed these with productions showing dangers. There was danger in being active and exposed, like his painting of a ship on top of a rough sea. It would be safer to be the submarine he said was underwater. However, as he continued to grow, Al could see both "ship" and "submarine" aspects in his personality, and could describe times when he was like each. Al was really learning about himself how. Though it was often frightening, he was a hard worker who wanted to succeed like the mountain climbers in his drawing, "The Thrill of Accomplishment" done in his nineteenth session.

His picture, "Change of Shift" done in the eighth month of therapy, represented Al's feelings when at work and when at play. The important aspect of this picture was that Al realized the two different feelings in himself. They were both parts of him, and though he liked one better than the other, they were joined. Al had taken the beginning steps toward accepting and integrating conflicting feelings within himself.

Al's therapy continued for another four months with further elaboration and clarification of the major themes. He began to consciously focus more on his difficulties in relationships with family and friends. The art work occupied less of the time, as Al wanted to talk more. In his last few sessions, Al did not do any spontaneous art work. He finally decided not to continue in art therapy because he said that he was "too busy." I felt that the decision was primarily a healthy "declaration of independence." Al was able to tell me that there were things he had wanted to say to me in the past which he had not said. He asserted that he was no longer shy about telling me what he thought, or if he disagreed with me. His very last production was a large sign saying, "I'm Not That Way!" He meant he was not the way people thought he was. He named this sign "The Least Obvious Way." I was hopeful that Al could continue to become that least obvious way, and could feel comfortable with it.

INTEGRATING ARTS IN A LEARNING DISABLED SETTING

Betty Malezi-Hollingsworth, M.A., Movement Specialist; Aline Shader, Art Specialist; and Cheryl Poropatich Fogarty, M.Ed., Art Therapist Consultant, Association for Children with Learning Disabilities (ACLD)

The Integrating Learning with the Expressive Arts Program (ILEA) was designed to enhance a student's self-esteem, socialization skills and creative expression. Participants in the program included 35 learning disabled/brain injured students enrolled in elementary and intermediate class levels at the Activity and Development Center for Children and Youth, (Association for Children with Learning Disabilities). These children were seen in small groups once a week, by an art specialist, and by a movement specialist. They also participated in joint sessions with both specialists and a classroom teacher.

A general goal of the ILEA project was to have classroom teachers and the art and movement specialists work as a team for the purpose of integrating the creative arts with academic learning. Three unit studies were chosen: Unit I – MASKS AND MYTHS; Unit II – PITTSBURGH, OUR CITY; Unit III – CELEBRATIONS AND FESTIVALS.

Unit I. Masks and Myths

Slides presented by Ms. Hollingsworth (movement) and Ms. Shader (art) and Ms. Fogarty (art consultant) depicted sequences of experiences, and the involvement of children in art and movement. For intermediate level children, Unit I began with a search

for books about legends of Africa. They read and wrote about the meanings of symbolic African masks, and viewed the authentic mask collection at the museum. The children made costumes and masks, creating their own symbolic figures, which they named. They used their masks in the movement sessions, and moved so as to portray the particular qualities and characteristics of the myth that they had invented. Many of their own myths were suggestive of modern day masked heroes. As a culminating experience, the class decided to have an "African Feast Day," inviting parents to join in for this celebration. Some of the children improvised rhythms on drums, while others enacted and moved in the stories previously written. The classroom teacher and the children prepared African foods. In this collaboration of experiences, the children combined factual knowledge with imagination. The culture of Africa became a more integral part of each child's own living experience.

This framework of structure was followed throughout the units. Elementary II level children explored the legends of Japan. The classroom teacher read various Japanese folk tales, and showed them maps of Japan. A Japanese visitor demonstrated how to write their own names in Japanese. The children did mono-printing on plexiglass in art, relating printing to the very old and traditional Japanese art form. With white masks, they explored moving in slow sustained "noh-like" gestures, and found sustained sounds with their voices, gongs and chimes. This was contrasted by exploring strong, quick motions. A reticent child, dressed in his costume, discovered he could leap high into the air, and expressed feelings of joy about his discovery.

Unit II. Pittsburgh: Our City

For Unit II, children collected photographs of Pittsburgh and local newspaper articles. Art experiences included studying pattern, texture, design and shape. The students' general awareness and sensitivity in these areas were further enriched with field trips. Techniques for making rubbings were explored, and appreciation of textures in the environment was heightened by making rubbings, with paper and crayon, of buildings, sidewalks and other objects found in the neighborhood. These rubbings then became a part of a collage. In movement, the children created and "acted out" their own stories about people in a city such as firemen, policemen and other community helpers.

These were some of the examples depicted in the slides which demonstrated a collaboration of cognitive and experiential learning, with emphasis on the creative process.

In the art and movement sessions, we were able to provide an atmosphere of acceptance for each child and his/her creative ideas and contributions. For example, one youngster of eleven was reticent about taking part in group activities. This was talked about in the movement group. The children decided to include him in their play by making the play around him. The children moved in an exploratory, improvisational way; the boy was not pressured or teased to take part. As this child became more relaxed, he began to take a more active role in the activity. Eventually, through this technique, the child was able to interact more effectively with others and, at the same time, became more confident in himself.

Through the integration of the arts and the classroom curriculum, students had the opportunity to experience their ideas and feelings in new ways.

Assessment

One of the prime thrusts of the program was to help enhance the self-esteem and creative development of the child through an integrated arts program. Body image, or the way in which a person conceptualizes his body, is an important factor when considering an individual's self-esteem. It is generally felt that when a person draws a person or human form, he includes in this symbolic image, qualities characteristic of himself. Indeed, so much of the artist is seen in any form of expression he creates.

Each child was given an individual "Art Manipulation Test" at the beginning and end of the program. The child was told to draw or make a person; he was given a variety of two- and three-dimensional art materials, and a specific amount of time in which to work. Observations were made of the child while performing the task. When the task was completed, the child was asked to talk or tell a story about his person. These observations were noted on an Art Manipulation Assessment form. The observational data, as well as a consideration of where a child was developmentally in art (based on Lowenfeld & Brittain, 1970) were used by the art consultant to formulate a prescriptive statement of things to look for and work on with each child during the course of the program.

The program lasted for 6 months; by this time each youngster had been administered the Art Manipulation Assessment Post-Test. Out of the 34 participants, eleven youngsters (32%) showed marked improvement; twelve showed some improvement (36%), and the remaining eleven showed little or no improvement (32%).

For example, one youngster's pre-test consisted of a very nondescript drawing of a boy, standing in the middle of an 8-1/2 x 11 inch piece of construction paper with no baseline on which to stand. His post-test drawing, however, was quite elaborate. He created a boy on construction paper, added the necessary accoutrements, and cut the figure out. A stage was made from some shoe boxes, and this child even rigged up a curtain. His cut-out figure was the actor on the stage, and the curtain could go up and down for each scene. This youngster was able to expand to a multi-step creation, and to place his figure dramatically in an environment. Instead of floating in space, he was now grounded.

It is interesting that quite a few youngsters used experiences they had gained from the program in their drawings. Some elaborated, for example, with Japanese and African symbols. There were also children who became aware of where they lived in Pittsburgh, and who placed themselves in areas they had visited during the Pittsburgh unit.

Reference

Lowenfeld, V., & Brittain, W. Creative and Mental Growth (5th ed.). New York: The Macmillan Co., 1970.

DEVELOPING ART EXPERIENCES FOR THE VISUALLY HANDICAPPED CHILD

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Through a five-year project at the Western Pennsylvania School for Blind Children* an approach has been developed which offers the handicapped child a unique mode of self-expression, learning, and creative growth. The age group of children in the project ranges from four to eleven years. Each child is visually impaired, varying from total blindness to the ability to read large print type. In addition, many of these children possess concomitant disabilities (e.g., mental retardation, cerebral palsy).

The program, called Expressive Arts, uses an approach integrating storytelling, dramatic play, and experiences with art materials. The project has expanded knowledge about the potential for art with the handicapped child, and the role of the art educator and/or classroom teacher in realizing this potential. Here, briefly, the elements necessary to create such a program are reviewed. These elements include: recognizing that artistic opportunities are meaningful, offering the necessary space and materials, and engaging the children in art experiences that provide enrichment, while allowing expression and development of skill at their level.

Recognizing Opportunities for Art Work are Meaningful

Art is a dynamic experience for visually handicapped children because of their capacities for and abilities at expressive and sensory involvement with materials. The way art is valid on both these levels is evident in the way Laura, an eight-year-old totally blind girl, uses materials. First, she likes to experiment with the properties of a material. Given clay, she will squeeze, stretch, and pound it. Second, she also uses the clay expressively. For example, one day while shaping a piece of clay, she commented on its "humplike" form. Then she began to tell a story about a little girl who had a humped back. According to the story, she went to a doctor. He cut her back open, and fixed the hump, by flattening it. As Laura told the story, she dramatized the events in her movements with the clay.

Providing the Necessary Space and Materials

To provide meaningful art activities, it is not necessary to possess extensive supplies, or even a special area. First, what is important is that working spaces be available, allowing children to sit together or alone. Second, a range of supplies needs to be available (e.g., fluid, solid, dry, wet), so children with varying degrees of vision, skill, and interest can find meaningful involvement.

Understanding and Developing Expression

The children's expression through art will be enhanced, both by allowing them, as Fukurai (1974) says, "To construct their own sense of reality, as they perceive it," and through enrichment of these efforts. For example, what is just a blob of clay to the observer can be a meaningful form for the child (e.g., an island, a house). The adult must work to understand what is the child's experience with and/or representation of the material.

Based on this understanding of children's efforts, enrichment needed on conceptual, expressive, and manipulative levels can be identified and introduced. For example, Sally expressed an interest in making little animal figures out of clay. She showed skill at modeling a variety of shapes and forms. She had, however, less knowledge of the shape and placement of body parts of various animals. She was allowed to explore taxidermic specimens from the natural history museum loan collection to help her gain information about different species.

Promoting Levels of Involvement

Handicapped children often demonstrate poorer coordination, more difficulty elaborating their ideas, and greater resistance to simply handling materials, than their non-handicapped peers. Tasks are often indicated, therefore, which promote children's involvement at earlier developmental levels than are traditionally provided in art classes. Roger, for example, has had few experiences with art materials. When given clay, he lightly skims his fingers on it, engaging in little exploration or manipulation. In fact, he seems to dislike the feeling of the media. He does not know how to position his hand for poking, smoothing or squeezing movements. Presently, Roger needs to become involved in the process of exploring and working with materials, if further expressive and manipulative skills are to develop. Involvements where the need to gain experience and knowledge at this process level, will be referred to in this paper as "formless." While such "formless" experiences are valid for all children, they are particularly critical for handicapped children, as their learning is more complicated by organic and environmental deficits. With the handicapped child, therefore, even spontaneous exploration and manipulation of materials become instructional objectives, as well as more "formfull" experi-

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An extended version of this paper entitled "Formfull and Formless: The Handicapped Child Creates Through Art" will be part of a publication by the American Foundation for the Blind.

*The Expressive Arts Program was piloted through a study conducted during the 1969-70 schoolyear by Dr. Judith Rubin, art therapist at the Pittsburgh Child Guidance Center, and Dr. Janet Klineman, Director of Early Education Programs, at the Western Pennsylvania School for Blind Children.

ences, like learning to create graphic and textural representations. Instead, noting the difficulty or resistance many handicapped children demonstrate, adults often respond by eliminating opportunities for art, or offering mechanistic projects that do not develop capacities for self-expression and discovery.

Conclusion

The visually handicapped child's ability to obtain pleasure from the use of art materials, and his capacity to possess and express ideas, validates his involvement in art experiences. In addition to developing artistic growth, these art experiences also contribute to development in areas like academics (e.g., using hands to learn to read braille) and mobility (e.g., being willing to reach out, explore, and be curious about where you are). Key elements in implementing an arts program are offering responsive materials, a variety of spaces, enrichment, and experience at a variety of artistic levels.

Reference

Fukurai, S. How Can I Make What I Cannot See? New York: Van Nostrand Reinhold, 1974.

PART III

ART AND THERAPY WITH GROUPS

Introduction

Art is not usually thought of as a "group" phenomenon, but rather as an intensely individual, very private manner. Yet as therapy in groups has become more and more common, so has group art therapy. Sometimes work is done individually and shared with others, as in the group described by Vislosky and Webb. At other times, the focus is on joint work, as in the murals described by Rosser. It is clear, even from the limited selection of papers in this volume, that group art therapy can take place in a variety of contexts. As with individual and family art therapy, work with groups can take place in day hospitals (Edwards), inpatient wards (Rosser) and outpatient clinics (Hahn). It can also be adapted to various non-treatment community settings, as in the "Art Awareness" approach described by Levy and Rubin.

Several papers in this section focus on problems encountered within institutions and among staff in the development of innovative group art therapy programs (Vislosky and Webb, Edwards, Hahn).

Implicit in all these papers, is that working with groups in art therapy requires not only an understanding of art and therapy, but also an appreciation of groups and how they function. It is especially important to understand group process. Dynamics vary among groups meeting once for experimental purposes (Rosenblum and Rubin), and inpatient groups that grow, develop and form bonds over time (Rosser). Attempting to assess a group art therapy technique (Vislosky and Webb) is one way of trying to understand both its nature and its effectiveness.

These papers represent a few samples of the practice of group art therapy. Work in this area is taking place all over the country in a wide variety of educational and therapeutic settings, and with various populations. Group art therapy is a rapidly developing form of treatment, one which we hope will continue not only to proliferate, but also to be better understood.

GROUP ART THERAPY IN A COMMUNITY MENTAL HEALTH SETTING

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The authors wish to express their appreciation to the Indiana County Guidance Center, Base Service Unit of the Armstrong-Indiana County MH/MR., and Indiana University of Pennsylvania, Indiana, PA.

Introduction

This is the summary of a program that evolved through a cooperative effort between a university graduate art therapy program and a community mental health center, attempting to fill the needs of both.

The program was designed to deal with the problems of the outpatient adult whose symptomatology was chronic but not completely debilitating, whose prognosis was poor, and for whom there was a history of unsuccessful "verbal" treatment intervention. Since about twenty-five per cent of the adult outpatient mental health population of the clinic was in this group, most requiring recurring short-term hospitalizations, it was deemed important to explore an alternative treatment approach.

Establishment of the Program

The implementation of such programming was not without difficulties. There were scheduling problems and problems of logistics; and the supply of materials had to be predetermined within a limited budget. Reluctance, lack of acceptance, and misunderstanding necessitated clarification of objectives before the pro-

gram could begin with the support of the clinic staff. Resolution of these problems was brought about through a presentation by the art therapist to the staff of the potential of the proposed program in the facility.

Goals for both participating agencies were then established. The function of the program for the university was to provide a viable practicum setting for graduate art therapy students in a community setting. The agency's purpose was to evaluate an alternative form of therapy for heretofore unsuccessful client interventions.

Format Development

The format for the therapeutic sessions resulted from extensive planning and deliberation by the personnel involved – a psychologist, an art therapist, and a psychiatric nurse. Attention was given not only to the program planning, but the interpersonal dynamics among the therapists were also discussed and processed throughout the planning sessions. Such an investment was assumed to be one of the most significant factors in the successful outcome of the total program.

An outline for ten art therapy sessions was structured to facilitate exploration of three life experience areas: the self, the family, and the group. Careful attention was given to the appropriate use of visual art materials which made available spontaneous expression within the context of a non-threatening environment.

At no time were clients asked to "Paint/draw what you like." The team wished to eliminate the predictable response "What shall we paint/draw?" At the beginning of each session, clients were provided with the visual materials that were to be used. They were asked to explore the media and interact with it in expressive ways. Media demonstrations geared toward potential use were provided when it was felt appropriate.

During the first meeting, each member of the group was asked to make a "feeling box." This activity was structured; all participants made the same size box, in the same way, using the same materials. The exterior of the boxes were decorated individually.

The "feeling boxes" were used during the week as a take-home project. Feelings, reactions to feelings, any emotional experience felt relevant was to be placed in the box, and the box was brought to each session. This activity was successful in providing a non-threatening continuity throughout the ten sessions.

Implementation

Although there was noticeable success with clients attending these groups, about two-thirds of those referred for art therapy could not be motivated to come to the initial session. An attempt was made to resolve this problem with the addition to the treatment team of the psychiatric nurse, with whom most of these clients had had previous medication contacts. Her presence encouraged others to attend, so that the size of the group expanded to twelve members.

In an attempt to fulfill the purposes of the program, the therapists focused on behavioral goals rather than on diagnostic techniques. There was a need, therefore, for some form of contractual commitment

FIGURE 1

ATTENDANCE - BEHAVIORAL GOAL CONTRACT

I agree to attend the next___ Art Therapy Sessions. If unable to attend, I will try to contact the Guidance Center before the session is to meet.

_____
(Signed)

I agree to assist the above named person to meet the following goals for therapy:

1. Overall Goal: _____
2. Group Goal: _____
3. Home/Work Goal: _____

_____
*(Signed)

_____

_____

_____

_____

_____

*Note: Clients and therapists sign here.

on the part of the clients; so contracts were designed and implemented. There were a number of different behavioral goals identified by clients in their contracts. For example, one individual wanted to stop beating his children, another wanted to control his temper, a third wanted to leave her husband and get a job, etc. The contracts functioned well within the group, and served subsequently as an evaluation tool. (Figure 1 is a sample contract.)

The mode of therapy suggested initially was of a psychodynamic nature within a behavioral context. As the group progressed, however, a much more eclectic orientation became apparent. Consideration of the group dynamics, the client contracts, and the impact of the art media all seemed to combine to bring about the clients' sensitivities to self-solutions. In addition, the intuitive response among the therapists appeared to contribute significantly to making the unconscious conscious, the visual viable, and to encouraging the curative factors of the group process.

Evaluation

Both the clients and the therapists evaluated the client's progress. (See Figure 2, next page.) Ten group members improved their emotional states since participating in group art therapy. One client's state did not change, and one's state was worse. Eleven members of the group improved in their overall goals. This was felt significant in light of the chronic symptomology of the group and their previously stated history of unsuccessful verbal treatment.

FIGURE 2

ART THERAPY GOAL EVALUATION AND ATTENDANCE OUTCOME

CLIENT NUMBER	GENERAL EMOTIONAL STATE PRE	POST	OVERALL GOALS PRE	POST	GROUP GOALS PRE	POST	NUMBER GROUP CONTACTS	NUMBER GROUP CANCELLATIONS
1	2	3	2	4	2	3	9	1
2	1	3	1	3	3	4	3	4
3	1	2	1	3	-	-	9	0
4	3	4	3	5	2	4	8	1
5	1	2	1	3	2	4	8	1
6	2	3	0	2	1	2	7	3
7	2	3	1	3	1	5	8	0
8	2	1	1	1	3	1	4	1
9	1	1	1	2	2	2	5	3
10	1	3	1	3	1	4	7	1
11	2	4	1	3	1	3	7	0
12	3	4	2	3	3	5	9	0
IMPROVED		10		11		9		
SAME		1		1		1		
WORSE		1		0		1		

Note: Ratings were determined according to the mean average of client-therapist evaluations using a 6 point scale with 6 indicating the most successful observed behavioral and 0 the least change.

Most promising was the number of group contacts when viewed with the cancellation data. Four of the group members did not cancel when contacted by the psychiatric nurse. Client number 2, representing the poorest attendance, cancelled four times from group contacts. Considering the history of poor attendance of the clients in past treatment, the data shown in the Contacts and in the Cancellation columns are indicative of a format promising for further consideration.

Due to the limited number of clients evaluated, the positive potential of the program in assisting such clients to become established members of the community is still tentative. As indicated by the attendance outcome and the scores of the client and therapist ratings, the potential for this type of program in meeting the mental health needs of a heretofore "untreatable" client population appeared most promising. Members of the art therapy group seemed to gain significant insight into their problems and to develop a moderate degree of social skill.

Conclusion

In summary, although sample size (N= 12) inhibited any significant statistical conclusions, the self-reports and observed behavioral changes of the group members led to permanent status of the art therapy treatment program in the clinic setting. With the establishment of this program, a potential practicum in the community for the training of art therapists became a reality.

What began as an experimental project developed into a viable programmatic alternative. However, the explanation for exactly how such development occurred remains difficult. The non-threatening aspects of the media, the reactions to the visual stimuli, the support and confrontation within the group process, the cohesiveness of the therapeutic team, and the eclectic theoretical orientation... perhaps all of these helped to bring about the behavioral changes observed by both clients and therapists. Then again, maybe it was simply the collective belief in the ability of the human condition to heal itself.

TIME LIMITED MURAL GROUP

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Introduction

Group art therapy is described and discussed in Murals of the Mind (Harris and Joseph, 1973). The authors concluded from their year-long experience that a group would first create unorganized murals which might be evident of unhealthy egos, and would then proceed to produce more integrated murals, possibly indicating the formation of one healthy ego. The final murals would consist of each individual member's contribution being different from the others' contributions. Each group member would begin with an unhealthy ego; all group members would then join to form one healthy ego within the group; and, finally each person would leave the group with a part of this healthy ego.

Selected Group Members

All group members were under thirty (30) years of age, schizophrenic, and experiencing their first or second long-term inpatient hospitalization. They had each suffered a sudden and traumatic loss of a parent prior to their hospitalizations. Each of the five members (3 female and 2 male) were interviewed in order to determine interest, ability to verbalize, and degree of insight. Each member was also asked to make an eight-week commitment.

Procedure

The opening twenty minutes of the first group meeting were used to explain rules, procedures, confidentiality, and how art therapy may be helpful. The group was again reminded of their eight-week commitment; one two-hour session per week. The working space consisted of a table, chairs, chalkboard and a 54 x 60 inch piece of white canvas paper which was taped onto the wall. A note pad and pencil was given to each member as he/she entered the room. Every week, each member was instructed to enter on the note pad three or four themes, one of which would be verbally presented to the group and written on the board for consideration as a mural theme. The group then discussed the submitted themes and how these themes could be drawn. One theme was selected (often the group took a hand vote). Each group member was given a box of cray pas. Members had a choice of drawing together or choosing to work on the mural alone. The time spent drawing was non-verbal. This encouraged the members to invest all of their energies into the mural.

Following the completion of the mural, all members were permitted to leave the area for a fifteen-minute break. The purpose of the fifteen-minute separation was to increase their insight and awareness of their production and to stimulate a more intense discussion. Following the break, a discussion was held to determine each member's feelings concerning his participation as an individual and as a member of a group. Explanations of the mural were strongly encouraged, as were one's experience relating to the mural and its theme.

Mural #1 - "Autumn Day in the Woods"

The group consisted of five members. The fifth, Bob, refused to participate following this first meeting. His contribution was minimal, one large leaf drawn out of proportion to the mural. The group responded supportively when Bob announced he would not return.

After Joe's theme was selected, he explained to the group how it should be depicted. Joe drew a large sun with a reindeer across it, in the upper right corner. The sun's rays were of various colors and reached over the entire mural surface which included the others' drawings. In the lower right corner, Joe drew a stream with a red fish jumping out of the water.

Cathy drew in her chosen area a sun, a cloud, a tree with a red bird, two pink rabbits and two flowers. Although the theme implied autumn, Cathy's tree had green leaves with a patch of green grass below them. Cathy repeated this scene in several future murals.

Ann drew a tree beneath Joe's sun. Joe added multi-colored leaves to Ann's tree and later Ann stated, "I'm glad he did that. That way I know he didn't think it was sacred." Ann also drew a green line across the entire mural. Beside her tree, Ann drew two asexual people which she later described as a man and a woman. Both people had dark hair as did Ann and Joe. The pairing of Ann and Joe which became clearer to me later, had already begun.

Linda "clung" to the extreme left side of the mural. She laughed inappropriately while she drew a bizarre human figure, which she later identified as a buccaneer. She placed a "spider and his cocoon" above the human figure. The cocoon shape appeared again in future murals.

The entire mural did not appear integrated. Each member drew his own picture, except for Ann and Joe, who verbally collaborated while combining their drawings.

Mural #2 - "Indian Sun Ritual"

Joe's theme was again chosen. Ann drew exactly as Joe requested. Cathy drew an Indian that was greatly out of proportion (perhaps an attempt to combat the pairing of Ann and Joe).

After the mural was drawn, Ann wanted to cut the mural into two parts, separating herself and Joe from Cathy. Ann's effort to be so compliant with Joe was pointed out. Joe made an effort to draw Cathy closer by asking her to be more aware of what the others were drawing. Cathy and Ann decided to extend the grass across the mural. Ann stated she no longer wished to dissect the mural.

Linda was absent as she was on a home visit. The group ended with a discussion of the missing members (Linda and Bob). They expressed skepticism and fear of being close.

Mural #3 - "End of the World"

This mural theme was suggested by Ann. Joe provided instructions on how to draw the mural. Linda drew a pink and black star with several appendages resembling arms and legs in the middle of the mural. Joe described Linda's star as the heavens clashing. Beneath the star, Ann drew a cross which had a pool of blood under each end of the cross. Ann also drew a small unclothed sitting figure to the left of the cross. Ann identified this powerless figure as God. Cathy again drew only on the far left. Cathy's drawing was almost identical to her drawing in the first mural; two trees with a red bird in each, a patch of grass, two clouds above, and seven rabbits in profile walking away from the mural. These rabbits' facial expressions became increasingly more pleasant as they neared the edge of the mural. Joe drew only to the far right. He drew a standing figure with a horse's head and a human body. This figure had snake-like appendages. It was identified as Satan. Beneath this figure there were several human figures: one was being shot, and one pair of figures Joe described as, "Homosexuals, another product of the Devil." One figure appeared to have a penis, and both figures faced each other. Linda commented to Joe, "That's what you call putting your frustrations on paper!" Joe was sitting beside Linda; he then changed his seat.

Linda was very loose and hyperactive throughout the session. She attempted to receive the group's attention by showing photographs from her home visit last week. Linda could not explain her star figure. Instead, she stated that she would like to be in Cathy's blue clouds because it would be nice in there. Linda then stated she could not be in there, because she is "here." Linda left the room several times for a drink of water. Several times, she referred to her previous losses of control while at home. Linda's verbal responses, several absences for water, and her wish to be in the clouds may have been an attempt to seek relief. Linda's star was the most outstanding piece in the mural. In future sessions, the group sought relief often in some form of water, either in the mural or by leaving the room for a drink of water.

Cathy had difficulty understanding the theme and the mural. She only referred to her pleasant scene. The group unanimously agreed that the "good" would win out in the end; however, the "evil" elements were much more powerful and outstanding. Although this mural was bizarre and powerful, the group managed to depict a very organized idea.

Mural #4 - "Amusement Park"

The group drew for an hour, refused their break, and chose to enter the discussion. Ann had difficulty drawing. She said that she was restless, and she made several trips to the bathroom. Cathy voiced disapproval when Linda and Ann redrew a hot dog stand which she had drawn. A large green grass area joined each end of the mural.

Mural #5 - "My House"

Cathy and Joe were absent as they chose to attend a picnic. Linda chose the mural theme. Ann and Linda worked together until Ann told Linda to draw a basketball hoop and two people playing. Linda drew a male and a female. Ann clearly indicated the male was Joe. Linda then moved to the far right side of the mural and drew a bizarre house. She indicated the split between herself and Ann with a strong line down the center of the mural. Above her house Linda drew a black cloud shaped like her star figure in Mural #3.

The session was marked with pairing and fighting. Both expressed fears of being hit or of hitting the other. My thoughts following this session was the possibility of homosexual or rivalous tensions between Ann and Linda. At one point in the session, Linda pointed to the zipper on her pants and remarked, "Look at that sticking out. They look funny; they must be bachelor pants!"

Mural #6 - "A Summer's Dream"

Ann submitted her topic "Death" and stated, "After all, I'm going to die today." Cathy made a plea for her topic "A Summer's Dream," finally stating "We will do mine."

In the discussion, Joe said the members respected one another and they needed to be more separate now. Linda expressed her fears and inability of talking about her art work. Cathy was able to abstract: "The water in the swimming pool provided relief from the hot sun." Everyone concurred that the blank space on the right was for Ann, who refused to draw. Six hours later, Ann ran away from the hospital. She was absent from the next session.

Mural #7 - "An Aquarium"

This session began with Joe, Cathy and Linda expressing concern over Ann's absence. Linda drew a cocoon shape (Mural #1). (The meaning of this shape became clear to the group during the next session.) Joe drew a red fish jumping out of the aquarium. (Mural #1) He identified this red fish as Ann. He stated, "This is Ann's funeral." It was apparent that the group had experienced another loss. The first loss was Bob. To my knowledge, no one knew of the others' losses. This time, a total environment of water relieved the loss. The following day Cathy ran away. She was absent from the next session.

This mural appeared to be the most integrated.

Mural #8 - "Hallowe'en Night"

The entire session was marked by feuding between Ann and Linda. Ann seductively said to Joe, "Let's have children in costumes all across the mural!" Linda disagreed. Joe drew an altar with two people at the altar. Ann described the two figures as she and Joe.

Linda drew on the end third of the canvas which Ann had attempted to remove with the pencil line. She drew a shape resembling a "party cracker," her bizarre star shape, the words "Blast-off," a cocoon which she later identified as a time bomb, and the numbers 10-9-8, etc. in a countdown. Ann drew near the pencil line several small human figures. Ann reached into Linda's box of cray pas and Linda said,

"Don't you know enough to ask? You don't need to grab." Ann then struck Linda.

Linda and Ann feuded the entire discussion period. The group leader pointed out to the group that Linda had always been between Joe and Ann, and that it must have been difficult for Linda.

Summary

The outcome of these murals greatly supported Harris and Joseph's group mural theory. The first mural was very unorganized as was the final one. All the other murals were organized and integrated. Harris and Joseph's group members lived together on the same ward. These group members were from different therapeutic communities. They did not have a life together before or after the group. The Harris and Joseph group was on-going for one year. Members came and left the group as they were admitted and discharged from the psychiatric hospital. This group continued for eight weeks with the same members. The eight-week time limit was decided in order to determine the ability of a group to complete the same process in a shorter time span. All group members requested to continue art therapy on an individual basis.

Reference

Harris, J., & Joseph, C. Murals of the Mind. New York: International Universities Press, 1973.

A THIRD ALTERNATIVE: GROUP THERAPY THROUGH ART IN A PARTIAL HOSPITALIZATION SETTING

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From September 1973 through May 1976, I conducted art therapy sessions, which became "group therapy through art" in a psychiatric hospital. During that period, the unit in which I worked changed from a Day Hospital to a Partial Hospital Service, to a Resocialization Treatment Center containing an inpatient unit and a Day Hospital.

The focus of this paper is on the struggle that I faced as a social worker, untrained in art or art therapy. My purpose is to demonstrate to clinicians who are not trained as art therapists, that the use of art can be incorporated into their theoretical frameworks, thereby enlarging and enhancing their field of operation.

In this paper, I will describe and discuss the following: 1. The setting in which I worked. 2. The dilemma in which I found myself, as a social worker doing art therapy, and the resolution of that dilemma. 3. The group art therapy, as it evolved.

The Setting

The unit was an outpatient service. It provided aftercare treatment for hospitalized patients who had been discharged from inpatient service, but who were not ready to take on the responsibility of family and/or community life. The service also offered an alternative to hospitalization for patients who needed more than one or two hours of outpatient treatment per week, but who were too functional for hospitalization. Patient diagnoses were mixed; the highest percentage were psychotic with the rest a mixture of neuroses, character disorders, and organic pathology. Patients were medicated with discretion. Overt aggressive behavior was infrequent, and other bizarre and psychotic related behaviors were the exception rather than the rule.

The theoretical orientation of the treatment center was primarily behavioral with some deviations, "Group Art Therapy" being one. The treatment modality was "the group," although individual treatment plans were developed when necessary. The over-all goal of the Partial Hospitalization Service was to restore the patient to a self-sustaining level of functioning. The focus of treatment was on the modification of maladaptive behavior, and its replacement with adaptive behavior which would meet the demands of family, job, and community life.

Patients were selected for treatment groups on the basis of levels of functioning. These were as similar as possible, with variation on other dimensions such as age, sex, and social economic status. For the most part, low functioning patients categorized as Level I were more depressed, more dependent, less verbal and less mobile. Higher functioning patients, categorized as Level II, were less depressed, less dependent, more verbal and more mobile than were

The work described in this paper took place at the Western Psychiatric Institute & Clinic, Pittsburgh, Pennsylvania.

Level I patients. Because of the admission and discharge policies, the population was seldom stable from week to week. Over a period of months, however, a core population remained constant.

Dilemma and Resolution

When I took on the task of running the art therapy group, I was unaware that the practice of art therapy required specialized skills. My first year in the field was a year of adventure, experimentation and ultimate frustration. I attempted to educate myself through reading, workshops, and consultations, all of which were very helpful. I learned about media and mastered some of the language of art. In the group, I tried out new ideas. If they worked, fine; if they didn't, I put them aside for further refinement or discarded them. After a year of doing and undoing, trying and retrying, the dissatisfaction for both the patients and myself seemed greater than any positive returns for my efforts. I then came to the realization that if I were going to achieve fame, it would not be as an art therapist. In fact, I finally concluded that my potential for becoming a bonafied art therapist – famous or not – was severely limited.

At about this time in my personal crisis, the Day Hospital became the Partial Hospitalization Service, with revisions in the previous program. The new program director left the decision of future or no future for art therapy in my hands. My own desire to abandon my career in the arts and to turn to something perhaps a little duller and a little less expressive, presented a dilemma. Had I dropped the project, the whole notion of art therapy on the Unit would have "gone down the tubes" forever. If I continued, I would again be caught up in an unsuccessful effort, to be something I couldn't be and to do something I couldn't do. The request from the program director was that, were the art group to continue, it be held twice a week instead of once as in the past. Given my investment and being a push-over for flattery, I chose the side of the dilemma with which I was most familiar – to carry on the group.

The issue for me then became a question of identity. I knew what I was not – neither an artist nor a trained art therapist. But I also knew what I was – a social worker with a background and practice in group psychotherapy. My skills were largely in facilitating interactions among group members around thoughts and feelings. This being the case, I decided to rely on the theory of group psychotherapy with which I was most familiar (Yalom, 1975), using art to facilitate verbal interactions and non-verbal expressions. Thus, I found a way out of my dilemma with a third alternative: group therapy through art.

Feeling more comfortable, I proceeded to implement goals which were compatible with my theoretical framework, group therapy through art. During this mental reorganization period I acknowledged that what I once considered my greatest liability regarding art therapy, not being able to draw, was in some ways my greatest asset. I was able to empathize with feelings of inadequacy and embarrassment expressed over and over by so many patients. I could also identify with the obvious struggle experienced by some patients during the creative process. After all, in many ways it was similar to my own over the past years to create an approach which was natural for me and therapeutic for the patient.

The Groups

Two art groups each met once a week for one hour sessions. Limitations regarding time and frequency of meeting were imposed by the Partial Hospitalization schedule. As mentioned, each group consisted of patients of the same Level. Upon request, some patients attended an art group twice a week. Information regarding time, place and procedure were passed on by the more experienced patients to the newer ones, thus saving every minute of the hour for the art work.

At the beginning of each session, the task, whether individual, shared, or group, (Denny, 1972) was introduced. This was followed by the creative process during which members were free to interact verbally, non-verbally and/or graphically. The last part of the hour was reserved for group discussion.

Aside from the communication of norms, maintenance, and housekeeping duties, the therapist's central task was to facilitate the goals of the group, which were:

1. To help patients acquire and/or regain self-confidence in interpersonal relationships.
2. To stimulate interaction among and between group members including verbal, non-verbal and graphic interaction.
3. To enable patients to become aware of themselves as individuals and as group members.
4. To enable patients to express feelings and thinking regarding products, themes, or events in the group.

A major consideration regarding group discussion was the changing population of the membership from week to week. The conditions of trust and cohesion conducive to sharing and intimacy could not exist to any degree. The focus of the interactions therefore, was more on the products and the given or emergent themes, and less on the exposure of feelings of which a patient had not previously been conscious. Such sharing, however, was not discouraged if a patient was ready or willing to do so.

The pitfall in this type of group, especially when discussing individual products, is the ease with which the therapist can become a central filtering system. This occurs when the members direct all comments to the therapist, and the therapist responds in round robin fashion. The way to avoid this trap is to establish the expectation that the group members not only are responsible for graphic work, but for the dialogue as well.

In the case of shared tasks and murals (Harris & Joseph, 1973), the interactional aspects were part of the task, and subsequent discussions were about the process which occurred during the creative phase, as well as about the products.

During the sessions, all products were taped on the walls (murals were, of course, already on the wall). This gave everyone an opportunity to see what others had created, and was very helpful during the discussion

period. Products were left up from week to week, and some were displayed on other parts of the Unit. Thus, group therapy through art continued to thrive in Partial Hospitalization, and was not only therapeutic but decorative as well.

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PEAKS AND PLATEAUS OF ART THERAPY IN THE OUTPATIENT DEPARTMENT

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Starting an Art Therapy Program in an outpatient setting became a task rather like climbing a mountain. During my talk, I discussed and compared the growth of the program to a mountain climb. I gave examples of the heights reached, of successes, and of the leveling-off caused by problems during the Art Therapy Program development. The outcome of the climb as an Art Therapy Program concluded the talk.

ART AWARENESS – A METHOD OF WORKING WITH GROUPS

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Introduction

Art-Awareness is a method of helping individuals in groups grow toward increased self-awareness, self-understanding and self-acceptance through art. The ideas discussed at this workshop were based upon direct and indirect experience with the methodology and techniques of Art-Awareness over a three-year period. During that time, a clinical psychologist and an art therapist co-led numerous experiential training groups composed primarily of mental health workers, as well as conducted inservice training courses for public school teachers.

An extended version of this paper appears in Group Psychotherapy and Psychodrama, 1975, 28, 108-117.

The Nature of Art-Awareness

The "Art-Awareness" concept combines a personal, direct creative experience with a consideration of that experience in a group context, with the multiple goals of increasing self-awareness and integrating the new awareness into one's existing self-concept. Each participant has available the growth-enhancing experience of the creative process itself, as well as the

intra/interpersonal learnings possible in a small group, and the subjective person-product "encounter" and dialogue unique to the arts.

In approaching the use of art as a medium of self-understanding within a group context, we have attempted not only to illustrate our specific techniques, but more basically to make our general working assumptions explicit. They are as follows:

1. That each individual is unique and different but that each person shares much common humanity with each other.
2. That each individual has the capacity and the right to be creative in different modalities and each deserves to discover his/her preferred modality or medium which can further his/her own self-definition.
3. That each individual can and will grow, given a supportive respectful environment, and that each requires the freedom to choose, to move at his/her own pace, to do or not do, to speak or not to speak.

Within the above context, we have conceptualized the human psychological growth process as proceeding in three sequential, though generally overlapping stages: Awareness, Understanding, and Acceptance. We have translated this conceptual framework into a group art format.

Description of Activities

A slide presentation was made of various warm-up activities such as the clay toss, group mural, etc. The purpose of the warm-up is to establish conditions of physical and psychological safety, thereby increasing group comfort and cohesiveness. The warm-up exercises emphasize overcoming learned inhibitions about working in art media, and freeing up blocked natural impulses for expression. It is our belief that risk-taking in terms of self-expression enhances the potential for increased self-awareness.

A second slide presentation was made of another focal point of the art-awareness techniques: self-definition. In the rubric of self-definition, we have included a variety of exercises such as an historical "life-line"; being the "art medium" (i.e., soft, flexible, colorful, bland, etc.); active-watching (similar to mirroring) in which one individual mimes the expressive movements of the partner who is immersed in an artistic endeavor; "finding one's place in the group" in which each participant makes a personal likeness out of wood scraps and encounters other self-likenesses on a bounded life space of cardboard, etc. It was demonstrated how these self-definition techniques help clarify roles assumed by the group members such as intruder, compromiser, facilitator; as well as group issues such as authority-control, fusion and intimacy.

Rather than presenting a catalogue of techniques, the latter part of the presentation focused on considerations in designing activities.

Instructions, media, number of people involved, and leader involvement, all have implications for risk and comfort level of the exercise. For some individuals, the risks are of an interpersonal nature, i.e., revealing too much about one's self through transparent symbolism, being judged and evaluated, being dominated in a small art work group. For others, the risks are more often of an intrapsychic nature, i.e., fear of loss of control.

Each time we have run a new group, we have felt new needs and have created new tasks. It was our hope that in sharing our experiences and ideas, we would stimulate such ventures on the part of others.

THE USE OF GROUP ART IN STUDYING GROUP DYNAMICS

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Group psychotherapy has recently become more prominent, along with an emphasis on the understanding and utilization of group dynamics as a tool for change. Group art therapy, therefore, has increasingly utilized joint projects as a way of helping people to experience, externalize, and examine their interrelationships.

The present investigation was conceived informally as a pilot study, to explore some relationships between group members' subjective experience of the group process, and judges' perceptions of art work produced by and about the group. We were interested in whether a group perceiving itself as cohesive and organized while doing a joint picture (both with and

An extended version of this paper entitled "Group Art and Group Dynamics: An Experimental Study" appears in Art Psychotherapy, 1977, 4, 185-193.

without discussion), would create art work with these characteristics as judged by individuals unfamiliar with the conditions of production. We were also concerned with whether those individuals perceived as dominant by the members would be indirectly identifiable by judges in either group productions or individual represenations of the group through color-coding. Because of the observed variability and complexity in clinical practice, along with previous formal and informal findings; it was our hypothesis that the nature and degree of the relationship would be a complex one, and perhaps an inconsistent one as well.

METHOD

Collection of Art Work

Sixteen members of a children's residential treatment unit in a psychiatric hospital participated in a two-hour preservice training session in the use of art activities to examine group dynamics. Individuals were randomly assigned to three small groups of mixed sex (I: 3F, 2M; II: 3F, 3M; III: 3F, 2M). Members of each group completed three tasks in the following order:

TASK I: Nonverbal Chalk Drawing – Standing around a table on which was placed a 24 x 36 inch sheet of white drawing paper, each member selected a different color of chalk (color coding), and was instructed to use the same color throughout the drawing. The drawing was then done, with no prior discussion or verbalization throughout the task. Each group stopped when the members felt "finished," approximately 20 minutes.

TASK II: Verbal Marker Mural – Following a preliminary discussion and joint planning around a common theme, each group executed a wall mural on 24 x 36 inch white drawing paper, using felt-tip watercolor markers. Discussion was not limited throughout this task, which lasted approximately 40 minutes.

TASK III: Individual Cellophane Representations of the Group – Using a different color of cellophane to represent each of the individual members (agreed upon in advance), each person pictured his group on 12 x 18 inch white drawing paper, attaching the torn or cut cellophane shapes with transparent tape. Individuals were encouraged to work independently of their small-group colleagues, and to be as honest as possible in portraying their group experience. This took 40 minutes.

Discussion – Following the third task, members of each small group were given an opportunity to share their individual group representations, and to discuss the experience, which each group did for the 20 minutes remaining in the two-hour session.

Follow-Up Questionnaire

One month following the group art experience, a questionnaire was administered in which individuals were first asked if they could remember the group art experience. All were able to reply in the affirmative. They were then asked who had been the two most and the two least dominant members in each of the two group creation. They were also asked to rate their group on each task on the following dimensions: (A) Degree of Cohesion and Unity, (B) Degree of Order and Structure, (C) Degree of Freedom and Spontaneity, and (D) Degree of Disorganization and Confusion.

Judging of Art Work

The group products were judged by thirteen students in a graduate course in Expressive Therapy, who were asked to rank each of the six pictures on the same four dimensions (A, B, C, D). Judges were also asked to decide on the most and least dominant colors in each nonverbal chalk mural. All of the individual cellophane representations of each group were placed together on a common background. The judges were asked to look at all five or six and to select, for each group of pictures, the most and least dominant colors of cellophane.

RESULTS

Characteristics of Group Process and Group Art

We first calculated the mean ratings for the four group process scales (A, B, C, D) made by the participants, and compared them to the mean ratings on the same dimensions made by the art judges from the group pictures.

Using a .20 level of significance as our guide, we found that 15 of the 24 comparisons (62.5%) showed no significant difference between the means, not even a moderate one ($p < .20$). In other words, it appeared that there was a moderate level of overall agreement between participants' ratings of group process and judges' ratings of group art work. What was notable and dramatic, however, was the difference between groups. There was agreement for all four scales on both Tasks for Group III; while for the other two groups only half of the scales showed agreement. It became clear, therefore, that the relatively high overall frequency of agreement between participant and art ratings was largely the result of the 100% agreement for Group III, with agreement for the other two groups occurring no more often than would be expected by chance.

Dominance Ratings by Members and Color Dominance in Art

In Task 1 each member used a different color of chalk, and it was the rankings of these colors in the drawings by the art judges which were compared with the group members' dominance rankings for that same task. The correlations ranged all the way from a moderately negative one for Group II, to a moderately positive, but insignificant one for Group I, to a positive one approaching significance for Group III. Group members' dominance rankings for Tasks 1 and 2 were also compared with judges' color dominance ratings on the cellophane group representations, again with widely varying results. Only for Group III, when member dominance rankings for Task 2 were compared to color dominance rankings on the cellophane group pictures, was there a significant correlation ($p < .05$),

DISCUSSION

The inconsistency of the results confirms our hypothesis that the relationship between what has been experienced by a group and what is visible in a group art product is a complex and variable one. While it is promising that some success was achieved in accurately rating process and dominance issues from art work for one group (III), the variability of the results for the other two groups suggests a need for caution and further study.

While a close linear relationship between process and product was indeed found for one of our three groups, it is perhaps more significant that it was not present for the others. What we may discover through further experimentation, is that some kinds of groups are more likely to reveal their process in their art, while others are more likely to conceal it.

It is also conceivable that further study will confirm the impossibility of "reading" group process from either art by the group or pictures of the group; but it is equally conceivable that sufficient study of relevant variables might enable us to do so reliably and validly under appropriate conditions. It is our hope that understanding group process/product relationships in more depth, may eventually enable us to better select media and tasks for particular diagnostic and therapeutic purposes.

PART IV

TRAINING AND SENSITIZING PROFESSIONALS

Introduction

Art therapy is such a new field that, like many, it began to grow before there were formal training programs or even standards of practice. Now there are both a growing number of training programs, and well-defined standards for professional registration. Perhaps as important as the training received by students of art therapy is the work being done by art therapists and others in the training of related professionals (e.g., educators, clinicians) regarding the multiple aspects of the use of art in education and therapy. The papers in this section all address themselves to professional training, often in-service training, designed to add a further dimension to a worker's armamentarium.

Both Barlow and Ramirez describe work with special education teachers, in an effort to enable them to provide more therapeutic art experiences for the handicapped in their classrooms. Stoner describes his own efforts with a variety of personnel in a large city school district, where as a specialist, he offered an in-service course in art therapy.

Marine's paper focuses on training social workers to be more sensitive to the developmental phases of childhood. By using art materials with this group of adults, she hoped to help them re-experience, both affectively and cognitively, three stages of child development. Elman is concerned with promoting growth and awareness among counselor trainees and uses art in the service of clinical supervision. In the discussion of her workshop, VanderVen stresses for teachers and mental health workers the importance of designing milieu-based art activities that promote autonomous ego functions. She differentiates between the types of goals appropriate for insight-oriented art therapy versus those which take precedence in an ego-supportive therapeutic milieu. Irwin and Rubin's paper clarifies for the student what to observe and assess during child art and drama interviews: how to "read" and understand the symbolic messages sent by children through expressive arts activities.

Professional training is a dynamic area in art therapy. Other professionals are now incorporating art therapy techniques and experiences in their own fields. The range of papers and workshops in this section (as in the Proceedings as a whole) attests to the creative ferment currently under way as clinicians, educators, counselors and others try to find new and better ways to communicate and share their ideas, expertise, and skills with others.

HELPING THE TEACHER OF THE SPECIAL CHILD

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Nearly every human being has the potential for developing creative, expressive abilities. Creative activities serve as a means of emotional release and adjustment, promote some measures of independent thinking, and are useful in groups, promoting social interaction. When words (i.e., verbal means of communication) may not be enough, art expression (i.e., non-verbal means of communication) may be the only way to involve the individual with his innermost thoughts and feelings.

Expectations

In working with the special child who is included in the regular classroom situation (often called "mainstreaming"), or the special child in a one-to-one intensive therapeutic framework, there must exist a reference point for the therapist and teacher of what is normative behavior. One can identify general expectations, but should know how to deal with possible deviations. There should be a general, if not specific, understanding of the natural growth and development

of the child, and of his art. There should be some understanding of cognitive, affective, and psychomotor aspects of art and art processes, as well as an understanding of the nature of the art experience, and of methods of evaluating these creative and productive experiences. Deviations of symbolic expression need to be understood in terms of such a normative framework.

Child Art Reference

Normative development of the child's art expression may be found in various books on art education (Jameson, 1976; Kellogg, 1970; Linderman, 1974; Lowenfeld, 1957; Uhlin, 1972; Wachowiak, 1977). One of the foremost authors was Lowenfeld (1957) who described the natural developmental expression of the child. Highlights of his developmental sequence follow:

1. The Scribbling Stage: Generally from two to four years of age, characterized primarily by kinesthetic movement, but in the latter part the child begins to name the scribbled line. This naming gives a clue that the child is moving from pure kinesthetic movement to imaginative thinking in terms of pictures. Within this stage, one observes uncontrolled lines in the beginning evolve into controlled lines in the latter part.

2. The Pre-Schematic Stage: Generally from four to seven years of age; primarily an ego-centric stage, since words like "I" and "my" are most important to the child. During this stage, the child is usually quite flexible in his representations (e.g., the drawing of a man may be represented in many ways). The child seems to be searching for concepts during this stage.

3. The Schematic Stage: Generally from seven to nine years of age. Less egocentrism occurs, as the child becomes more concerned with others, and how he "fits in" with the group. By now, the child has basically found his concept of tree, house, man, or woman. He incorporates the ground line at the bottom of the painting, and the sky line at the top. Symbols within the paintings may change, e.g., a child may exaggerate or omit body parts, and there is great flexibility in the use of exaggerations, omissions, and changes in symbols.

4. The Gang Age: Generally from nine to eleven years of age. This stage is characterized by a greater awareness of the self, and in representations of boys and girls, by male/female similarities and differences. The "group" assumes a decided importance, and drawings and paintings of individual and group interaction are prevalent. Figures begin to be "stiffer" in representation, and the sky and ground lines meet to form the entire back "plane."

5. The Stage of Reasoning: Generally from eleven to thirteen years of age. This stage is a preparatory stage to the crisis of adolescence. Many observations can be made regarding the individual's feelings about the self, about one's own work, and about relationships to others. Of primary importance in this stage is the emergence of two personality types: the visually minded, and the non-visually minded (haptic). An understanding of the adolescent is dependent upon the understanding of the complexities of this stage of reasoning.

A thorough understanding of child art, of realistic expectations of artistic endeavors within each age level, and of media, are important as a basis on which to build classroom and/or therapy activities.

Media

Art materials used in special education classes and in therapy sessions are the same basic media used in a public school program. Paint, clay, fiber, papers, brushes, and charcoal are all media that are adaptable to nearly any situation. Puppets, collages, paintings, weavings, and clay pots are all products that can result from the structuring of the various media. A variety of art materials offers multiple expressive outlets, and is useful for diagnosis and evaluation. Sequential production is essential in the evaluation process, with special attention given to building on sensory experiences with media.

Individual and Group Dynamics

One should be closely acquainted with processes in individual and group dynamics, and with methods of operation in various settings. One should be able to identify benefits derived within these various situations. One should be aware of working with the group in a natural setting, as well as working in a one-to-one situation. One should observe and document play activities, as well as those observed in more structured settings.

Collecting Work

The art therapist and the art teacher should be aware of the importance of observing the child or adolescent at work with art materials. The way he moves, approaches the canvas or clay, the hesitations, the immediate involvements, the analytic as well as the synthetic approach; all offer clues regarding the relationship of the person to the material, and to his own feelings and perceptions. The therapist and teacher must be aware of ways to "sharpen" their observations of serindipitous as well as more obvious data. The therapist should also be aware of temporal considerations. An analysis of all these data will help to complete a bigger picture of the therapy or classroom sessions.

Me, Myself, and I

In the therapy situation, an understanding of how the person feels about himself – his own self concept – is foremost. One rationale, therefore, for visual expression is: Art serves as a natural way of expressing one's feelings about self, as well as providing a way of conceptualizing about oneself. "What am I?," "How do I look?," "What do I know about myself?," "What do I feel and think about myself?," and "What do others think of me?" are important questions. The young child in the fourth grade classroom and the adolescent in a wheelchair both have their own ways of saying "This is me," or "I need your help," or "Look what I have done!". We have to be astute enough to pick up on the clues that are given; to learn to expand the person's frame of reference, by starting at his level and working from there.

Documentation

Document activities, goals and objectives, strategies, sessions, and outcomes with clarity and with consistency. Document in a variety of ways, if necessary, and use many sources that have direct bearing on your case, on the client, or the child. Some forms of documentation follow. Consent forms may be required.

1. Up-to-date photographs of the child.
2. Photographs of art work as well as actual work itself.
3. Photographs of the child at play, at rest, in everyday activities, in home and school situations.
4. Video taped therapy or class sessions.
5. Written daily reports, completed forms.
6. Up-to-date medical file with clarifications needed.
7. Information from parent, doctor, social worker, other professional and paraprofessional people.
8. Cassette tapes of discussions, sessions, evaluations.

Shared Information

Efforts among professionals, teachers, and parents must be shared and communicated. Efforts must be coordinated. Ultimately, professional concerns as well as educational strategies should be disseminated so that quality activities and directions may be identified. Research is necessary, and research methods should be shared, clarified, and promoted. Accessible facilities are imperative, public laws and guidelines dealing with art(s) experiences for all people need to be brought to the front of human activity with purpose and with professionalism.

If these concerns are shared by all of us, and if we as teachers, therapists, and professionals are vitally concerned with the human condition and with the arts, then all people will benefit from this wisdom and understanding.

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WHAT'S NEW IN PENNSYLVANIA

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Rationale: The Arts in Special Education

On September 10, 1976, the Pennsylvania Board of Education released a policy statement supporting the arts as an essential aspect of education. It reads as follows:

"THE STATE BOARD OF EDUCATION affirms its position that experience in the arts is essential to the development of the human potential of every student in the Commonwealth of Pennsylvania... therefore, the arts, in both separate and interdisciplinary modes, should occupy a central place in the educational programs of all public schools".

This paper is in part based on information published in Arts and Special Education. Wayne Ramirez (Ed.). Harrisburg: Ways and Meaning Place, n.d.

With the release of this policy, the priority of the arts in Pennsylvania was established. As early as 1975, Pennsylvania, along with eight other state education agencies, joined to establish the Coalition for the Arts in Education. The aims of the Coalition are to make the arts an integral part of every child's education. This step follows a national trend of growing interest in all the arts for all children as part of the everyday school curriculum.

The State Board of Education, Special Education Regulations (Chapter 13) provide specific provisions for exceptional children:

"All handicapped school-aged persons identified shall be provided with an appropriate program of education and/or training including the right of due process hearing for mentally and physically handicapped...

as well as talented and gifted...to determine the appropriateness of the classification and program."

There are thousands of exceptional children residing in Pennsylvania including both handicapped and gifted. Such children have a variety of educational needs that present different and difficult problems for learning. Recently, the fields of the visual, performing, and literary arts have proven effective in meeting the special educational needs of exceptional children.

"Any curriculum for children that does not adequately provide for creative expression and consequently, aesthetic growth is not a proper curriculum for children because it deprives them of an important part of their human development," (Media-Oriented Program Promoting Exploration in Teaching, ESEA Title 3).

Current evaluation and research tend to support this premise. In addition, many special educators, therapists, and administrators express enthusiasm over the possibilities for the education and rehabilitation of exceptional children.

There are only a few institutions of higher education that offer some training to infuse the arts into special education. There are limited in-service programs at best, which include special education staff development in the arts. There are too few schools, school districts, and intermediate units that have the resources for providing training in the arts for special educators. There are insufficient arts-infused programs and curricula for exceptional children.

With these needs in mind, the Arts in Special Education Program was established.

Philosophy

The Arts in Special Education Program is dedicated to the principle that the arts are a right, not a privilege. They are central to education, not marginal.

Everyone deserves access to the arts, in order to develop his/her potential to the fullest; to interact with people, society, and the environment; and to mature without discriminations, restrictions, and prejudice. Central to the philosophy of the Program is the child's right to self-actualization through learning and expression in the arts.

All program activities evolve out of the individual needs of children, special educators, and the community.

Purpose

The purpose of the Arts in Special Education Program is to encourage and assist state educators and administrators to infuse the arts into curricula for exceptional children.

Exceptional children are those found to be atypical, children who are learning disabled, developmentally disabled, emotionally and socially disabled, and mentally gifted and/or talented for whom learning is best realized through special education.

Pennsylvania In-Service Training-Model Program

The Pennsylvania In-service Model Program is designed to assist teachers and administrators in developing and implementing art in special education programs. The Pennsylvania In-service Training Model is a component of the Arts in Special Education Program which includes among its services:

1. A student teacher internship training program
2. Teacher in-service training programs
3. Consultant services for implementing arts in special education programs
4. Assistance in curriculum development
5. Assistance and consultant reference services for arts research in special education
6. Information exchange service
7. Resource services

Pennsylvania is divided geographically into 29 intermediate units which serve the state's 504 school districts. Intermediate units function between the Pennsylvania Department of Education and the LEA levels by providing a variety of special services to its numerous component school districts. The Pennsylvania In-service Model Program was implemented through ten cooperating intermediate units.

The Pennsylvania Model Program has four goals:

1. To identify ten teams representative of the ten participating intermediate units. Each team is composed of three people (special education and art(s) teachers/administrators) who are interested in implementing on-going arts in special education programs and services in their respective local educational agencies (LEA's). The Pennsylvania Model Program establishes a network of thirty special education teachers, art teachers and administrators representing the ten intermediate units. These program participants form the nucleus of a larger network of educators who also support the concept that the arts are essential for their students' development.
2. To provide team members three or four days of intensive arts experiences. Participants plan strategies for the operation of a program of arts in special education in their respective area as a result of the inservice. The participants operate a program throughout the school year while maintaining contact with the sponsoring inservice agency for follow-up technical assistance. They share information and results with the sponsoring agency.
3. To provide fiscal and technical support services, to assist team members in the implementation of strategies that they develop from attending this in-service.
4. To publish a text describing the structure and operation of the model program for national distribution.

Pennsylvania Pre-Service Training Model

The Arts in Special Education Program of Pennsylvania (sponsor) provides internships (student teaching experiences) for art education majors from Kutztown State College (teacher training institution). This gives teacher trainees the opportunity to practice teaching and to engage in special projects with a variety of special education students. This teacher training option is a non-traditional alternative that is expected to:

1. Provide teacher trainees with initial, indepth experiences in mainstreaming and individualization of the arts for special students.
2. Develop a network of arts teachers capable of identifying and meeting the needs of special education students through the arts.
3. Train art area student teachers in methodologies that allow them to make the arts a vehicle of self-expression and learning for all children regardless of ability or disability.
4. Develop leadership and administrative abilities in trainees interested in using the arts in special education.

Informational Exchange Service

The Arts in Special Education Program functions as a forum providing a net work for communication throughout the state. Brochures and booklets describe the services offered by the program. A newsletter documents state-wide projects and curriculum ideas and offers a calendar of relevant events and activities designed for the exceptional child. Pioneering educators are encouraged to contribute to the shaping of a new professional body of knowledge – The Arts in Special Education – by documenting their work through suggestions such as the newsletter and by submitting major printed works to the program for publication.

Resource Center

The program serves as a resource center containing a growing collection of articles, journals, books, bibliographies, and catalogues illustrating a wide variety of art theories and approaches as they relate to education and therapy.

A directory of arts and special education consultants is available plus a guide to resources within the state and surrounding areas; support service centers, professional organizations, community agencies and educational facilities. In addition to the printed materials, there are visual aids: photographs, slides, films, video tapes, displays, constructions, and toys designed for the exceptional child.

Curriculum Development

The Arts in Special Education Program actively engages in identifying and encouraging exploration and development of innovative arts curricula by artists and teachers throughout the state.

The program also encourages universities and colleges to establish curricula, develop pilot projects, engage in research, and participate in internship programs training teachers to use the arts as an educational and therapeutic modality for exceptional children.

Research and Development

The Arts in Special Education Program serves a research and development function for the Arts in Education effort of the Department of Education, intermediate units, school districts, and public or private school staff. The program provides two essential services in research. The first is identifying and collecting existing and on-going research that addresses the problems and supports possibilities of using the arts to meet the educational and therapeutic needs of the exceptional child. The second is to encourage and initiate research which leads toward ways that the arts are integral to programs for exceptional children. In addition to research, evaluation is being initiated to document new approaches and methods of teaching, and to assess program designs as well as the effectiveness of various consultants.

Community Organizations, Associations and Agencies

The Arts in Special Education Program staff works closely with community groups by co-sponsoring activities, sharing consultants, and organizing conferences and work shops. At the same time the staff maintains ties with state and national associations advocating the arts for exceptional children, such as the National Committee-Arts for the Handicapped, the American Art Therapy Association, Inc., and the National Association for Music Therapy, Inc.

ART THERAPY AND IN-SERVICE EDUCATION

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This paper concerns the design, implementation and evaluation of two accredited in-service education courses: "Introduction to Art as Therapy" and "Art as Therapy Seminar: Classroom Applications." Both courses were designed to introduce a therapeutic concept about the use of art in the classroom to public school teachers. A study of this experience should indicate the need and the means for developing future in-service courses based upon the art therapist's expertise. At this time, there are only a few such innovative endeavors.

In this particular instance, it appeared that an in-service education course was the most appropriate solution to the art therapist's discontent with the art programming in a large city school district for the special child. Neither teachers nor students seemed to have any notion of what a therapeutic approach encompassed, particularly, in relation to art. Through conversations with and observations of special education teachers in schools across the district, it became apparent that support services were extremely minimal. It was obvious that many teachers planned for art and related experiences simply as a way of filling time, rather than as a genuine learning experience for the children. For some, art time was, in fact, a burden.

The in-service course design was proposed as an introduction to the current theory and practice of art as therapy, with emphasis on the value of the discipline to education. It seemed appropriate, then, to: 1) Provide participants with some understanding of child psychology/psychiatry and its relationship to the art process, 2) Demonstrate the use of art therapy techniques and understanding with children, and 3) Help participants develop competencies sufficient for more effective evaluation of and communication with their students. Since the application of art as therapy within the public schools is still of fledgling status, the latter part of the course was devoted to exploring and assessing individual avenues of effective classroom application. This assessment was made through formal presentations by participants.

The courses were approved through the Curriculum Instruction Council of the city school district (Harrisburg, Pa.), and subsequently accredited through the Pennsylvania Department of Education (Proposal #553, 554). As indicated in the proposal, all teachers were eligible to take the course, but with priority accorded art, special education, arts related teachers and guidance personnel. A maximum of twenty participants was requested, in order to guarantee time for individual class presentations. Course length averaged 13 weeks with two 3-hour sessions per week. Sessions were conducted in one of the district's elementary schools for a total of 33 clock hours (i.e., the time required for 2 in-service credits).

Participating teachers and counselors worked with students in the early childhood (K - 3) and elementary (4 - 6) levels. This allowed the instructor to concentrate specifically on early levels of child development. The respective classes included arts, special education and regular teachers, counselors and special skills teachers. The heterogeneity of roles stimulated varied interpretations and responses to course content. This, in turn, facilitated the critical thinking and relevant discussions so vital to the success of the learning experience.

General course assessment included the results of pre- and post-testing, the participants' presentations, and their follow-up questionnaires. Testing was devised and administered according to the proposed development of competencies and levels of understanding. Cognitive learning and comprehension were tested objectively. A separate subjective examination assessed participants' ability to transfer knowledge through responses to given situations. Each exam was administered as a pre-test, reviewed at some time during the course, and revised for post-testing purposes.

The content of the courses was derived from the instructor's graduate work in psychiatric art therapy at Hahnemann Medical College and additional experiences as an art teacher/therapist in recent years. The theoretical background centered on Freudian thinking with the emphasis on applicability to educational theory and practice. In lieu of texts, participants were provided with copies of writings from various publications and information gathered by the instructor, including outlines of lecture notes. The format also included lecture/slide presentations by the instructor, guest lecturers (mental health professionals and educators), experiential workshops with participants and continued discussion about on-going classroom art experiences.

Course Design

A brief summary of the "Introduction to Art as Therapy" course content will follow. The second "Seminar" course was structured primarily as a follow-up opportunity for continued individual case presentations by interested participants in the "Intro" course. The instructor attempted to be consistently responsive to the needs of course participants arising from their daily classroom experiences.

An historical perspective of art therapy included references to the work of Naumburg (1928, 1958), Lowenfeld (1957), Kramer (1971, 1972), Ulman (1966),

This paper is a condensation of the author's unpublished Master's thesis: "In-Service Education for Public School Elementary Teachers as Conducted by an Art Therapist", Hahnemann Medical College, 1976. The work described in this paper was conducted in Harrisburg, Pennsylvania.

Kwiatkowska (1975) and Rubin (1975). In addition, the instructor spoke of his own clinical experiences in various settings while fulfilling an internship for Hahnemann Medical College. The examples included both two- and three-dimensional children's art from a residential treatment center, a private school and public schools. They served as illustrative examples to the introductory explanation of various techniques and goal-directed ways of working with children.

A psychiatrist from one of the city's community mental health centers and director of its adolescent unit spoke to the class. He discussed "Basics of Psychotherapy," which included perspectives on Freudian, Gestalt and Behaviorist theory. The purpose of psychotherapy was also presented in relation to an understanding of various mental disorders. The doctor also discussed the concepts of transference/counter-transference and how the teacher often finds himself in the (usually unacknowledged) role of therapist.

The latter part of his discussion centered around the premise that facilitating conditions for creative growth with the special child, often entail goals and value judgments different from those expounded in traditional art education. The instructor presented what he determined to be optimal conditions (physical and psychological) necessary for maximal expression by the child. For example, attention must be given to the quality, availability, accessibility and appropriateness of materials, space and time. Special children often experience a great deal of ambivalence between the urge to explore and express freely and the potential of such for breaking boundaries and "messing." Physical boundaries, in the sense of delineation of structure (which can be very minimal at times), help to reinforce internal boundaries.

It is also important to provide a psychological environment of trust, respect (valuing) and understanding. This means establishing a relationship with the child where the teacher is interested in and accepting of the expressive, symbolic behavior or ideas of the child – and appreciative of the child's individual frame of reference. Lowenfeld (1957) states:

> In all instances, the principle of an art education therapy is the clear; it always starts on the level of the individual, using visually perceivable documentations – and not their symbolic interpretation – for the extension of the individual's frame of reference until the individual accepts himself, and with it, his own handicap. (p. 436).

Participants were presented with an introduction to sequential, developmental stages of child art according to Lowenfeld (1957) and including Kellogg's work (1967). The instructor presented case studies as examples of the significance of child art to individuals in various settings and of various exceptionalities. For example, he presented his work with a twelve-year-old boy in a residential treatment center for socially-emotionally disturbed children in Philadelphia. The case was discussed psychodynamically through the progressive individual art therapy sessions.

The Senior Fine Arts Advisor, Pennsylvania Department of Education spoke to participants on the arts process and comprehensive programming. The thrust of this speaker's presentation centered on the availability of many arts resources (e.g., consultants, films, papers, curriculum/games packages, etc.) to all classroom teachers. The latter part of his time was devoted to informal conversation regarding needs and concerns of the classroom teacher. The Pennsylvania Department of Education publication, The Arts Process in Basic Education (1973), and many other papers were available for distribution to participants.

An art therapist working within a state intermediate unit was a guest speaker for another session. In recent years, she has been visiting an average of six elementary schools primarily as an art therapy consultant to teachers. She also works directly with small groups of children. The focus of her presentation was on the use of mural activities in the classroom (Vellrath, 1974). She also spoke informally with participants.

Another guest speaker from a local community mental health center, spoke about "Group Process and Education." Based upon his experiences as a group therapist, he discussed the dynamics of group interaction and its application within the classroom. He contributed significantly to a discussion about adolescents and group motivation/behavior.

Participants were continually involved in hands-on experiences. These included both individual and group activities. Open discussions were conducted by the instructor related to the art work on display. Without dealing in individual psychodynamics or direct analysis, the participants were asked to identify the presence of various defense mechanisms through differences in affect or feeling tone, contrasting styles of working, and recognizable sub-grouping. Participants were also urged to consider what kinds of questions they might ask in order to gain more information about the individual. Emphasis was of course placed on group art experiences, with discussion concerning general integration, group cohesiveness, sub-grouping, etc.

Program Assessment

Testing was devised and administered by the instructor to assess the participants' comprehension and transfer of knowledge acquired during the course. Both theory and situational exams were designed only to aid in the evaluation of development of competencies and level of understanding proposed by the instructor (e.g., participants were asked to identify themselves by area of certification, without a name). The theory exam tested cognitive learning and comprehension of lecture material, readings and other information related during the course. The situational exam tested transfer of knowledge to appropriate classroom situations. Participants were asked to interpret a given student's experience or crisis situation in terms of: 1) understanding the nature of the conflict or problem, and, 2) how to deal with it.

Higher post-test scores for both exams suggested that course participants did, in fact, increase their level of understanding about art as therapy. Although there was a positive correlation of individual scores between both sets of tests, the correlation between area of educational certification and test achievement

was not significant. Again, it is important to note that test instruments were developed primarily as a means of measuring some degree of instructor effectiveness. Neither exam was previously validated and, in this instance, the sample population was too small to do further reliable analysis of test data.

Participants' presentations of applied art experiences in the classroom were also evaluated by the instructor. Each individual was evaluated on the understanding, implementation and evaluation of the following:

1) Motivation and procedures
2) Evaluative discussions with students
3) Need for applicability of student-based objectives
4) Fulfillment of student-based objectives
5) Appropriate, suggested follow-up experiences

Each presentation to the in-service class offered a unique learning opportunity from the ensuing discussions. Participants were quite open to discussion and comments from the instructor and other members of the class. Also, they were most empathic toward one another and eager to help in finding solutions or direction for problem-solving to occur. The instructor made on-site visits, when possible, to further determine whether participants were applying what they learned from the course.

Feedback questionnaires were designed to aid the participants in evaluating the instructor, the course content and applicability to everyday classroom experiences. One survey (different from the first) was mailed several months after termination of each course. The available anonymity for both surveys was meant to assure honest, relevant responses from each participant. An example of the type of information requested on the latter survey follows. Each issue listed below had four different response phrases following it constructed to assess: 1) acceptance, 2) qualified acceptance, 3) qualified unacceptance, or 4) unacceptance of the concept.

"As a result of participating in the 'Art as Therapy' course(s), I am better able to realize the following objectives in my classroom . . .

1) Acceptance of student art work as significant, often symbolic representation of inner strengths, weakness and/or conflict
2) Improvement of individual student-teacher relationships
3) Increase in development of group cohesion among students
4) Use of art experiences for evaluation of students
5) Evaluation of art experiences for consultation with counselors, administrators, psychologists, parents, etc.
6) Prescription of more effective, individualized educational programming
7) Consultation with school psychologists, counselors, art therapist or other psychological personnel
8) Further in-service education with a psychological orientation"

An analysis of both questionnaires (92% of all participants responded) revealed that 93% of the responses placed in the top two positions of each category (i.e., acceptance or qualified acceptance). Participants were also given the opportunity to comment directly about their present understanding and applicability of art as therapy. Some of their written comments follow:

"I have a better understanding of my students – since I work with children who do not verbalize their problems and concerns easily, art is the way we correct and discuss our concerns. (Early Childhood Teacher)

Group cohesion is coming about. We use the mural idea every week – it's great! (Elementary Trainable Mentally Retarded Teacher)

It has helped me to be 1) more alert to recognizing disturbed children through examination of artwork, 2) more alert to the possibility of using group art exercises in a counseling setting, and 3) more interested in combining individual art experiences with counseling sessions. I have used art as therapy in some crisis situations – works well." (Elementary Counselor)

In-service education programs have the inherent ability to relate directly to the daily concerns and problems of teachers. The high number of respondents (and positive responses) to course feedback questionnaires verify the assiduous level of class participation throughout the "Art as Therapy" programs. It is apparent that through participation in the courses, some percentage of school district personnel significantly committed themselves to making art a more worthwhile experience for their students.

Implications of the Study

The support of state and local educators, plus the enthusiastic response of participants, speaks well and reliably of the value of such in-service programs to effective childhood education. The Pennsylvania Department of Education has set a precedent in accrediting art therapy-based studies as a means of "increasing professional educator's knowledge and improving their skills" (Guidelines for In-service Education, 1975).

It is evident from the evaluative data of the courses that participants from varied areas of certification need and wish to receive "psychoeducational" guidance and support. In-service education appears to be a non-threatening, successful way of introducing psychology and therapy concepts to the educational community. It is a positive, constructive context in which to candidly share daily classroom problems and experiences. It allows the art therapist to become an accepted and enlightened member of the educational milieu, and thus be of greater assistance.

Those who warn that art therapy's role in education can only be a "watered-down" version of the discipline are, in the author's opinion, unrealistic and rather pedantic. Most art therapists are better equipped to offer extended consultation on matters of self-expression through art than most art educators,

psychologists or other professionals. The primary goal of a therapy-based education is the facilitation of self-discovery and expression – of personal dialogue and communication steeped in a symbol-making process which contains any number of secondary values for the child. The art therapist, through his/her knowledge of human development and process awareness, has the task of facilitating the integration of the arting process into all those academic, social and cultural areas that embody the life of the school.

Further validating procedures and longitudinal studies ought to be designed and implemented without delay. Art therapists might best do this while serving as members of the psychological support services of local school districts or intermediate units. Their research and practice should better respect the need for arts programs which are sensitive to the individual, including the special child in the classroom.

There is a future for collaborative efforts between the fields of art therapy and education. It can be a touch-and-go mish-mash of now congruent, now conflicting program proposals and consultative teams. Or, it can be a natural flow, between mutual allies working toward common goals, and using individual expertise when indicated. In order to reach this flow, each field will have to appraise its own strengths and weaknesses, judge in what situations and under what conditions it can be most effective, and cooperative with the other in giving added strength to the virtues they share in common.

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RE-EXPERIENCING CHILDHOOD IN PROFESSIONAL EDUCATION

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Three stages of child development were explored by social work students during their graduate training. Preschool, latency and adolescence were experienced again, each with its appropriate play materials, music, food and group activity.

The objectives of the sessions were:

1. To promote emphatic understanding and knowledge of children at different stages of development.
2. To help students acquire an understanding of their own behavior and style in working with children.
3. To expose students to a variety of media and their multiple uses.
4. To heighten student awareness of their participation and responses in the play process through group discussion.
5. To facilitate through use of a student journal a careful, reflective record of events and feelings.
6. To use the journal as a feedback mechanism for the instructor regarding effectiveness of the learning technique.

An extended version of this paper entitled "Learning to Work with Children Through Re-experiencing Childhood" appears in Art Psychotherapy, 1976, 3, 187-195.

The Preschool experience included nursery rhyme songs on phonograph records; playing with colored clay and fingerpaint; and eating milk, cookies and lollipops.

The Latency experience included mood music for school age children; and making puppets through use of styrofoam balls and cups, egg boxes, brown paper bags, yarn, popsicle sticks, pipe cleaners and construction paper.

The Adolescent session began as a "Drop In Center." Then the group divided into two sections. One group was assigned to planning a party; the second was an adolescent therapy group.

Students were asked to re-experience the three stages of their lives, and to act like children of those ages. They were asked to think about the experiences and keep a journal to write about their feelings and thoughts. A rap session at the end of each period helped them pull together their ideas.

The three sessions provided a safe environment in which social work students could feel free to regress in the service of learning. The ingredients for the environment were:

1. Mood music and appropriate food.
2. Appropriate expressive materials.
3. Time limited rap sessions.
4. Instructor ready to set boundaries and limits.

Students were encouraged to observe themselves and others, to note their feelings and behaviors, and to relate these to children at different stages of development.

SUPERVISION THROUGH ART

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A discussion and role play experience of art as a medium to facilitate awareness and understanding in the supervisory dialogue. Focus was on introducing art into supervision and on issues in the supervisees' growth.

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ART IN THE THERAPEUTIC MILIEU

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This three part workshop focused on utilization of appropriately designed art experiences which can support autonomous ego functions and thus play a highly significant role in implementing the therapeutic milieu or daily living situation in which clients spend a significant proportion of their time.

Part I. Theory

Theoretical background encompassing ego development in individual art therapy and in the milieu was introduced. Freud's concept of the ego in its synthetic function as mediator of conflict between the id and superego, was compared with Hartmann's concept of an additional conflict-free portion of the ego representing autonomous ego functions which deal with reality, develop skills, and provide problem-solving ability.

Autonomous ego functions are strongly influenced by the environment. Thus, environmental approaches such as structuring the milieu to include art experiences, can strengthen autonomous ego functions, and also, through their enhancement of problem solving-skills, can increase the personality's ability to resolve conflicts confronting the synthetic portion of the ego.

TABLE 1

INDIVIDUAL ART THERAPY	ART IN THE MILIEU
Primarily oriented towards synthetic ego functions	Primarily oriented towards autonomous ego functions
Dynamic orientation (towards conflict resolution and development of insight; understanding of past history)	Developmental orientation (towards enhancement of cognitive and social skills and understanding)
Focus on self-expression	Focus on sublimation
Focus on symbolic content and unconscious meanings	Focus on manifest behavior and content
Process oriented	Product oriented
Relationship may include transference and interpretation	Relationships on social level, focused on current situation
Facilitative role of therapist	Art worker may take more directive role
Emphasis on plastic media	Utilization of structured media

Table 1 suggests how art in the milieu can be particularly supportive of the ego functions subsumed in Hartmann's conflict-free sphere, in contrast to individual art therapy which is more directly geared towards the synthetic ego functions. It was pointed out, however, that the two modes of art practice are not totally differentiated from each other.

To further understand aspects of autonomous ego functions which could be specifically facilitated through milieu-based art experience, a list of such functions was given. These include body image, motility, identity, perception, capacity to experience pleasure, abstraction, generalization, frustration tolerance, and communication (VanderVen, 1965).

Part II. Discussion

This background material on ego functions was followed by a discussion of the dimensions of a milieu, and of practices in the milieu which can either be therapeutic or non-therapeutic. The major dimensions of a milieu are: relationships to the outside world, physical setting, staff attitudes, daily aspects of living, communication, decision making and authority, policies and procedures, punishments and restraints, peer relationships, and program and activities (VanderVen, 1975). Several of these dimensions were defined in detail. Suggestions were made as to how their therapeutic aspects could be supported by inclusion of art activities. For example, in the category "program and activities," therapeutic aspects include encouraging all clients to participate in activities, providing meaningful activity and work, encouraging independence, providing adequate and properly cared for supplies, and structuring activities at client interest level. Art activities presented in accordance with these manifestations of the therapeutic aspect of the dimension "program and activities," would therefore be likely to stimulate development of the autonomous ego functions and hence contribute to the milieu's therapeutic function.

Part III. Group Task

The workshop ended by providing an opportunity to apply the concepts presented, in terms of designing appropriate art activities congruent with therapeutic aspects of dimensions of the milieu through a small-

group task. Participants were divided into subgroups, each with its own pool of art materials. They were given the following assignment:

For a designated dimension of the therapeutic milieu,

1. To design an art experience which would address the therapeutic needs described for that dimension.
2. To describe at least one autonomous ego function supported by the proposed art activity.
3. To consider how the same experience might be presented in an individual art therapy context.
4. To suggest projects utilizing materials other than those available at the workshop which would also address the therapeutic needs of the dimension and support autonomous ego functions.

The final portion of the workshop provided time for each subgroup to demonstrate and to explain the art activities which it had designed for the specific dimension assigned to that group.

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ART AND DRAMA INTERVIEWS: DECODING THE SYMBOLIC MESSAGES

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Background

In the past few years, the increased demand for expressive arts services has highlighted the demand for art, drama, dance and music therapists to collect, organize, and communicate clinical information. Some of the conceptualizations from individual art and drama diagnostic interviews will be presented in this paper, along with a framework for the understanding of this material.

Although both art and drama one-hour assessment interviews have been described in detail elsewhere (Rubin, 1973; Irwin and Shapiro, 1975) their format will be briefly reviewed. Projective in nature and relatively unstructured, in each interview the child is invited to play or create, to put his own personal stamp on the materials, and thereby to externalize his ideas and feelings. In the art interview, he is offered a variety of two- and three-dimensional media and invited to make whatever he wishes. In the drama interview, he is given an assortment of puppets or miniature life toys and asked to play out a spontaneous story, or to construct an imaginary plot for a movie. Following the "making" phase, the child is asked to look at his art product or spontaneous story and further associate to it.

An extended version of this paper appears in Art Psychotherapy, 1977, 3, 169-175.

As therapists, we must try to decode the multiple messages a child sends in an interview, by looking at both what and how he communicates. We will consider a number of direct as well as disguised ways in which the child communicates: specifically, his interactional behavior with the worker, approach to the task, response to the materials, working process, verbal and non-verbal messages, and the form and content of his products. It is in the evoking, observing, deciphering, and relating of these major sources of data that some of the many questions about the child may be answered.

Making Creativity Possible

Initially, it is necessary to set the stage physically and psychologically in order to make meaningful work possible. This means providing creative materials appropriate to the child's developmental level, materials with varying degrees of structure and within different expressive modalities (e.g., paints, clay, puppets, miniature life toys, etc.). The materials should be set out in a clear and pleasing arrangement which may be easily explored, with options in working spaces. In a diagnostic situation, it is equally important that the child understand what is expected of him, since this is likely to be a new, perhaps anxiety-provoking, experience. Throughout, it is important to be a sensitive listener, an empathic and non-intrusive observer, without attempting to direct or influence

the play, unless it seems necessary. With some hyperactive children it may indeed be essential to help the child get focused or to enforce some limits (e.g., no destruction of property); while with inhibited children, it may be equally essential to help them to get started.

The Sources of Diagnostic Data

The messages the child sends about what is troubling him and how he is dealing with it are sent via multiple channels. One of the most important sources of data is the manner in which the child approaches and interacts with the adult (i.e., dependence vs. independence). Similarly, there are valuable clues in the way in which the child responds to an essentially unstructured task, how he goes about choosing and deciding what to do, and settling down to work. The manner and style of his whole working process, be it deliberate or spontaneous, compulsive or impulsive, is important, as well as whether or not this changes over time.

Some of the most obvious messages that the child sends are those he delivers verbally. Listening carefully to what the child says, including "slips of the tongue" or seemingly casual comments, can give clues about his feeling states. Less apparent, but often as eloquent, are the nonverbal messages, articulated through posture, position in space, gesture, glance; as well as the ways in which materials are manipulated (aggressively, cautiously, caressingly, etc.).

The child's products may contain important symbolic statements of ideas and feelings of which he may be only vaguely aware. Within the art work, stories with dolls or puppets, or dramatic play, one can look at the content (i.e., what the child does) as well as the form (i.e., how the child does it). Oftentimes children give a title and offer spontaneous associations to their stories or products. One looks especially for the primary themes and preoccupations, the issues that seem to be uppermost in the child's mind. Sometimes the child's concerns are greatly disguised, but in the material there may be symbolic hints of how he sees himself. The child's attitude toward his product or play, how he feels about it evaluatively, and whether or not he can talk about it when it is finished, are important clues to the state of his observing ego and his image of himself.

In addition to setting the stage and helping the child to get started or to go on when necessary, it is useful for the worker to talk with the child about the experience, in order to supplement spontaneous observational data with associations. Interviewing is best if it is open-ended. It is also best when it is "tuned in" to the child's vocabulary, mental capacities, and apparent interests and concerns.

Making Sense of the Material

Although the activities or interview may be over, the job of understanding and organizing what has been observed into some meaningful pattern remains. Looking for connections and parallels among the various sources of data, enables one to begin to hypothesize what the child was trying to communicate as well as how. One then attempts to assess both strengths and areas of weakness, the general developmental level, major concerns and conflicts, and primary coping patterns and defense mechanisms. This may aid in a decision as to whether or not therapy may be required. If so, the child's ability to use the expressive arts as a primary modality may be assessed, in part on the basis of his way of responding to a diagnostic art or drama interview.

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PART V

CREATIVE PROCESS

Introduction

The presentations and workshops in this section are not the only ones in the Proceedings concerned with the nature of the creative process. These contributions, however, all deal specifically with the process of creativity, some emphasizing theory and others technique. Five of the contributions in this section are discussions of workshops, each of which explored a different theory or approach to creativity. The workshop approach of having a direct learning experience which integrates theory and practice appears to be a congenial way for the creative therapist to communicate his/her message.

Browne, who invited workshop participants to use creative media, chose to share with the reader her personal notion of the artistic process as a dynamic, cyclical transaction between person and product. Hallen's workshop began with participants experiencing body movement, and then led from that into translating movement into visual images on paper. Lowenstein and Walsh's workshp concentrated on the various dimensions of visual media. They emphasize that the appropriate choice of media can facilitate achieving therapeutic objectives.

Balbot's workshop demonstrated the Gestalt approach to the creative process. (Balbot describes the five experiences that composed her workshop and how each contributed to the whole encounter.) Davis' workshop addressed the Rogerian or client-centered approach to art therapy. Davis reflects on the problems that arise among participants who think that they understand the client-centered approach in theory, but have difficulty tolerating it experientially. Machtiger, in her presentation, focused on the Jungian approach to creativity. She discussed the relationship of art and imagery to the psychotherapeutic process.

Although not specifically addressed in a paper, underlying much of the work in art therapy is the Freudian psychoanalytic perspective. It is the underpinning for the earliest book-length writings in the field by Margaret Naumburg and Edith Kramer. Although these two practitioners developed very different ideas about how best to use art in therapy, their theoretical orientations were basically Freudian. All depth psychologies recognize the importance of the unconscious, and of the dynamic interplay between different levels of consciousness.

At the time of the Conference, Don Jones was President of the American Art Therapy Association, the national organization in the field. He spoke at the Conference from that perspective, as well as from his decades of experience as an art therapist in various clinical settings. In his closing address, a summary of which is included, he discussed art therapy as a way of using the inherent healing powers of the creative process to help individuals to get well.

Art therapy is a new field, and it is in the process of exploring all theories to see which ones "fit" best. It is also in the process of developing its own theories to fit its own events. In this effort, it seems most likely that the creative process which is at the core of art, will be an integral component of any understandings that are formulated.

THE PROCESS OF CREATIVITY FROM IMAGINATION TO REALITY

Martha Browne
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The Shady Lane School
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Following is a reworking of the preliminary remarks to the participants of the hands-on workshop I presented at the Conference.

Creativity is a process; that is, it proceeds through time. It involves several modes of learning and all parts of the mind; the conscious, preconscious and unconscious. It is important to all learning because it is a problem-solving activity.

How does it occur and what are its attributes? First a problem is stated; a question is asked. An important aspect of dealing with the problem is play; playing with ideas and/or materials, manipulating

them internally or externally, trying them in as many combinations as one's imagination allows.

Imagination (which literally means internal images) is a necessity to creativity. Imagination is a normal human activity, but it needs to be exercised or it may atrophy. To create, one needs the imagination to see new possibilities, to see various ways of rearranging the given in order to make ever newer possibilities.

Each new imagining needs to be followed by activity in order to produce the next possibility. After playing with the problem, a temporary solution will have been produced. Many art educators ascribe to the dogma: Process not product. I must stress now that a product is part of the process. Creativity presupposes some new thing added to the total reality.

Product and Process

This new product needs to be examined, inspected and subjected to critical evaluation to determine what it is and if it has validity. This inspection is the next stage of the process. When I am painting, I look at the work from all directions, turn it upside down, squint at it, come close, move away from it. I am looking with intent. I am looking aggressively. Then "back to the drawing board" to work in a subliminal way. By this, I mean work without cognitive thought. A maxim for myself is, "Don't think with a brush in your hand; don't paint while you're thinking."

Following this activity comes casual looking, responding to the work, day-dreaming or reverie. This is looking receptively.

Here we might speak about the two sides of the brain. As I understand this new field of study, the left side of the brain deals with verbal, logical, linear thinking and the right side with visual, spatial and intuitive aspects. Educators have traditionally trained only the left side for academic learning with perhaps a condescending bow to the right side in the arts. All creative persons use both sides. Einstein as reported by Ghiselin (1952) has said that he never thought in words. After he arrived at a solution, he had to translate it into words.

We need to use all parts of the brain. Some of us are stronger in one lobe than in the other. Training in both can and should be a goal of education.

The word "education" means "to draw out." From my experience with students, I am convinced that all individuals have a potential to be creative. Obviously this varies from the genius, to the person who is able to dress himself in an interesting and unusual way, to the individual who can arrange a room attractively and functionally or prepare an excellent meal.

I believe that the impulse to create is universal and comes from the need to know oneself and one's world. This idea helps to explain all the major creations: the arts, sciences, religions, mythologies.

Let us return to the process. We have played with a problem, arrived at a tentative solution, subjected that solution to inspection and then returned to work on it using the right (or intuitive) side of the brain. These steps may be repeated several times until one meets a barrier. The known ways have not worked. Playing with the problem has not produced the solution to it. The inspection has not suggested a viable way to a creation, i.e., something new.

Frustration and Risk

This part of the process feels like defeat. Frustration, anger and anxiety are present. Where to turn? What to do? In the literature on creativity and in the experience of creative people, we find that now it is necessary to remove oneself from the problem.

Henri Poincaré, as reported by Ghiselin (1952), was a mathematician, who wrote that after spending weeks on a problem without solving it, he drank black coffee one night. In his sleeplessness, combinations bombarded each other in his head until the solution presented itself. After a party, we have all had the experience of thinking of the perfect reply at 3:00 A.M.

To create is to imagine what does not exist and to make it exist. It is necessary to have skills and knowledge in order to imagine how new combinations can be formed and to make them. It would not do to go into a chemistry laboratory and start putting chemicals together at random. One needs to know how to mix them and which ones are "unmixable." Most combinations in life, however, are not potentially lethal and one can take risks.

This brings us to the element of risk in the creative process: the risk of failure and the risk of succeeding. A student needs to be guided through the process, to be supported as he approaches the time when he will make the leap into the unknown, which will lead to a new creation. He may be working on a problem that others have solved. But if this person can solve it now in his own way, he or she is being creative. If he cannot arrive at a solution, he may need help in re-stating the problem in a way he can deal with it.

Having once experienced the routine drudgery necessary for creation, including frustration, fear and anger which are its components, one approaches the unknown, the leap which is the risk of attempting the new. Perhaps the next time one experiences the process it will be possible to remember one is on the way to a solution. I see the teacher's task here as that of a guide. We need to give the student the necessary time to complete the process. We need to encourage new ways of looking at problems and working with them. The teacher needs to be a presence and to stay with the young creator, offering suggestions, eliciting suggestions from the student, and holding his hand if need be.

We may think of the creative person as becoming rather than being. Such a person pushes himself/herself ahead and then examines the new self as it emerges. As one problem is solved, creatively, the creator can begin on a new one at a different level. In this way, creativity is therapeutic.

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TRANSLATIONS: MOVEMENT IMPULSE INTO ART IMAGERY

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This workshop consisted of first, a brief introduction to Laban's Effort-Shape vocabulary of movement. Experiential explorations then led participants from movement to direct recording of sensations on paper, and then to a deeper interpretation of a movement theme, using art media.

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MEDIA DIMENSIONS VARIABLES

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This workshop was designed to provide participants with an understanding of the function of "Media Dimensions Variables" in the choice of media experiences in Art Therapy. Insight into the variables inherent in media permits the art therapist to utilize media experiences as a means of facilitating therapeutic objectives.

The workshop opened with a brief explanation of the concept of Media Dimensions Variables (MDV) developed by Sandra Kagin (1968, 1969). Attention centered on understanding media in terms of the fundamental MDV components: 1. Media Properties (fluid to resistive), 2. Project Structure (unstructured to structured), and 3. Complexity of Operation (low to high complexity).

Media Properties

Media properties such as fluidity and resistance, contribute to the individual's emotive response to media. For example, fluid media, such as water color on wet paper, fosters the awakening of unconscious fantasy, as colors swirl and flow together. In the obsessive-compulsive individual this might elicit a high degree of anxiety, a result of the individual's sense of loss of the rigid controls that keep him intact. More resistive media, such as clay or chalk on sandpaper, require more overtly aggressive behavior in working. This may give rise to the dynamic emotional components an individual associates with aggressive behavior. Awareness of these kinds of emotive responses to media properties is important to the art therapist in understanding the client's experience as he interacts with the materials.

Project Structure

Project structure and direction includes three specific aspects: 1) The working environment, 2) Specificity of directions aimed at project completion and 3) Thematic suggestions. The environmental factors include any sensory input from the environment which will have an effect on the client. e.g., space, lighting, relative cleanliness and seating provisions. Specificity of directions aimed at completion of the task must, like the working environment, be tailored to individual needs. A moderately retarded individual requires concrete, specific directions in order to experience successful completion of many art tasks. Other populations may benefit from a minimum of directions to provide an atmosphere of free expression.

Thematic suggestions provide an external structure, in that the client is limited to dealing with imagery that he associates with the theme presented. Freedom to draw whatever one pleases is often quite threatening to the individual in therapy. Thematic limitations provide a psychological working space for the client, as well as a point of reference for the art therapist in viewing projected imagery.

Complexity of Operation

Complexity of Operation covers a continuum ranging from projects requiring one or two operations, to those which require a seemingly endless array of operations prior to project completion. A scribble is an example of a low complexity project, while a welded metal sculpture is a high complexity operation. When planning this aspect of the media experience, provisions often need to be made for individual limitations, such as mental retardation, physical handicaps, neurological dysfunctions, specific learning disabilities, perceptual-motor problems, etc. Project complexity should be devised in such a way as to provide a challenge, yet assure a reasonable amount of success.

Workshop Experience

In the workshop, each participant was exposed to the same two media, tempera paint and clay. The tempera paint provided a medium with a fluid property while the clay, in its malleable state, was representative of a resistive medium.

In working with the paint, participants were first asked to limit their work to producing geometric shapes on paper. Thus, the project became one of a highly structured, fairly low complexity, fluid media experience. The overall response to this project was, as expected, considerable annoyance and frustration. A population of presumably bright, creative adults is bound to be frustrated by such a confining project. Predictably, the group's response to using the paint freely, without structure or direction, was more positive.

Clay was introduced to the group with the invitation to play freely with a comfortable size lump, by pounding and poking, and generally getting the feel of the material. Given this low complexity, unstructured, resistive media experience, many participants settled in quickly and directed themselves into productive interaction with the clay. This particular population, in the absence of an imposed structure, generally provided their own; indicative of their unhindered desire to interact freely with the clay, and to direct energy into the creative process.

Summary

The goals of this workshop were to provide its participants with a basic understanding of Media Dimensions Variables in theory and in practice. The experience was directed towards a functional understanding of the role of Media Dimensions Variables in planning art therapy sessions. As a result of this understanding, the art therapist is better equipped to select and utilize media in facilitating therapeutic goals.

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GESTALT: A CREATIVE PROCESS

Barbara Balbot
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Introduction and Workshop Goals

Gestalt Therapy is a creative process that flows from the interaction of client and therapist. The client brings substance, topical themes, the "media" to the session. The therapist supplies intuition, learned skills, the "Techniques." Together, they build art-forms, shaped as "Experiments." The Experiment is a basic methodological tool of the Gestalt therapist. It is a behavioristic exercise which grows from, and is tailored to, the client's expressed needs toward a specific change.

The goals of this workshop were: 1. To promote experiential knowledge of the use of art-work as theme, and Experiment as agent to change. 2. To point out some methods of self-nurturing. 3. To acknowledge that therapy can be fun.

Workshop Experience

Creative art-work can only be made in an open and permissive atmosphere. Trust and personal security must be present. The groundwork for these began with my introduction of myself and how I work; non-interpretively, with respect for unique individuality. I gave the group (N=30) an exercise in seeing non-judgmentally, for experiential understanding of my approach to the client. I then shared my feelings and the reasoning that led to a proposed theme for the workshop, "Self Nurturing."

The groundwork continued with the presentation of the art materials. A large tarp, laden with a variety of art materials and found objects, was folded to hide the contents. I wanted to build curiosity, to instigate surprise, to promote emotional involvement.

All creativity begins with movement. We rose as a group to help unfold the tarp, to discover its secrets. The gaiety of the surprise and the ensuing group movements almost brought down the walls of Webster Hall. It was obvious that this delightfully uninhibited group of people was ready to play with the materials.

To avoid interference in the creative process, I asked the participants to take what caught the eye, rather than to select materials with any pre-meditated image of self-statement. No boundaries were set on the use of the materials. They could be carried loosely, bound together in a project or worn, etc.

The creative process is therapeutic, in itself. We can form an expression of our inner lives in a short span of time. In re-viewing the completed work, another person, as catalyst, can be a powerful means of self-discovery. A volunteer, whom I will call "Mary," came forward immediately to help me demonstrate the interaction between artist and helper. Using her project, a crown and a small cape, she explained that the crown signified the courage she gave to many people, and that the cape was her own need for support. Mary seemed very uncomfortable admitting she was "needy." She was flushed, talked very softly, and her shoulders were rounded. My inward math added up what I knew of Mary. She had made the loudest applause for promoting my suggestion of "Nurturing the Therapist" as a theme. She had grabbed the first chance to work with me. She was one of the many who had "stolen" into the workshop without registration. All of this suggested to me that Mary was not aware of her own internal supports.

I noted Mary's ease with the extravagant crown. I asked her to get in touch with the inobtrusive cape, which she appeared to enjoy wearing. Then, her body and shoulders straightened, her voice became audible and she said she had had enough, in fact too much. She said that the cape, which was approximately 4 x 24 in. was far too warm. She removed it. With this simple experiment, Mary had an opportunity to exaggerate a quality that was in polarity to her accustomed way of thinking of herself. She now had information he could

integrate into her self-knowledge.

I said that she seemed to have an abundance of courage, and asked if she would like to share some with a person in our group who needed it. Mary then placed her crown upon the head of a young woman whose demeanor was anything but mousey. "Susie" came forward aggressively, displaying many aspects of the courage she claimed she needed. I suspected Susie didn't know what she already owned; another hidden polarity.

Mary and I talked briefly with Susie. Her theme quickly formed the basis for an Experiment. She used the metaphor of "a bridge . . . to get me from where I am to where I want to be. . . ." Under proper conditions, one is able to move into an Experiment without long preparations. This was one of those moments. It was also an opportune time to involve the entire group. Wearing the crown, the symbol of courage, Susie engineered her "bridge," using the people in the group as her supportive building materials.

Another part of the Gestalt process is staying open to the many possibilities available to the person or group. Experimentation in groups can be of great power. Energy is supported by the whole of the community. Everyone is involved, everyone is nourished. The generosity of this group of people can not be overstated. They put themselves in a position of literal support for Susie. A human path evolved, a long passage leading to a triumphal arch. Touching each of the people in the group, Susie made her private, halting and painful trip toward her goal. Near the end, she threw off the crown, exclaiming that she did not need it any more. She raced to the end, where Mary was waiting. The two women embraced, tears streaming, tension released. I thought of how Susie's arms made a mantle over Mary's shoulders.

There was an excited outrush of voices from the group, expressing individual experiences of the Experiment. If the workshop had been of longer duration, this would have been the time for individual and group processing. I felt that individual processing of the initial art work would be of most value. The group formed dyads, and completed the experience of their projects by self-interpretation with a partner. Closure was informal and grew spontaneously from the group. Goodbyes and the exchange of names and addresses filled the air. It seemed appropriate that this group initiate its own closing, following the theme of nurturing oneself.

The Gestalt Process

The process of the workshop was shaped by five experiences, each contributing to the whole. 1. My own experience of the group which led to the choice of a theme. 2. The manipulation of materials into art forms. 3. The interaction of artist/catalyst, leading to the inclusion of another person. 4. The Experiment and 5. Closure.

Each of these experiences are comprised of the following: 1. The groundwork, an exploration of existing factors. 2. The topic or theme which evolves. 3. Building an acceptable Experiment based on the theme. 4. Executing the Experiment, and 5. Closure. Normally, there is a sixth phase: a debriefing or processing of what has just occurred, following the Experiment. Time did not allow for this.

Every Gestalt encounter has its own flavor. Much of the ease and flow of this workshop can be attributed to the fact that I was with people in high spirits and eager to learn. It was a great pleasure for me to work with them.

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CLIENT CENTERED ART EXPERIENCE – EXPERIENTIAL MINI-WORKSHOP AND DISCUSSION

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Most mental health professionals and educators are familiar with the names of Carl Rogers (1951, 1961), Abraham Maslow (1968), Sidney Jourard (1971), and others in the field of psychology commonly called "the third force." Virginia Axline's Play Therapy is a well known book based on non-directive, client centered, or Rogerian theory. The book is widely used as suggested reading wherever courses in child development or psychology are taught. This kind of client centered theory is at the core of the human potential movement; of encounter groups with a facilitator who does not "lead" in the usual sense of the word, but who serves to recognize, reflect and clarify what is going on in the group. The Rogerian therapist functions in this capacity whether alone, with one client, or together with a group.

How the time is spent with the individual or group is decided by them, not the therapist. The Rogerian

art therapist differs from other Rogerian therapists in that art materials are present which the client(s) may choose to use. The art process is then used to facilitate verbalization, or it serves as a means of non-verbal communication. Far from being an "easy" approach to therapy, it requires great awareness on the part of the therapist not to direct, interpret or interrupt what the client does or how the time shall be spent, unless there is actual danger to the client or therapist. Obviously no one is going to allow a client to harm himself or others in the name of "non-directive" therapy. Common sense takes precedence over any theory.

Despite familiarity with Rogerian or client centered theory, many people who study about it or even use it become uncomfortable when it comes to experiencing it themselves. Notebooks poised, they wait for the Rogerian art therapy workshop leader or facilitator to lecture or to tell them what to do.

Uncomfortable or disappointed by the lack of apparent structure, silence hangs heavy over the group. No one moves. Someone then suggests that the workshop leader is playing a game with them: no one recognizes that what they are experiencing is exactly what they read about or may have utilized in practice – a client centered approach. Of course a 1 1/2 hour workshop is not enough for the group to get moving on its own. How many sessions of inactivity the group will tolerate before it gets moving depends on the group. Usually some people, who are only able to start or work in an authoritative or directive setting, will leave. A dramatic example of this took place at the time of the workshop described as "Client Centered Art Experience" at the Second Pittsburgh Conference on Art Therapy, when an art therapist angrily left, stating that this was "boring." Many people who attend such workshops expect to be entertained or to have a bag of tricks shown to them.

In actual practice, a cohesive, functioning group usually emerges, with the art therapist present to facilitate and to mirror what is going on. Of course a Rogerian or client centered approach is not appropriate to every setting or client. No approach is.

My own experience teaches me that reading about or even using client centered art therapy is not enough for many professionals to fully understand it. The whole philosophy must be internalized and believed. The basic belief is that when people are given permission to be themselves, they will eventually reach toward self-actualization and self-esteem.

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JUNG AND CREATIVITY

Harriet Gordon Machtiger, Ph.D.
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The focus of the talk was on the Jungian approach to creativity. The view taken was that the creative process brings about a desirable enlargement of the human experience. As such, it is an element in the renewal process. During the creative process, an inner state is expressed and exteriorized. Access to unconscious imagery is facilitated, and this contributes both to personal growth and to the psychotherapeutic process.

THE HEALING ROLE OF THE ARTS

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Harding Hospital, Worthington, Ohio
President, American Art Therapy Association

This is a condensed version of the Closing Address.

Philosophers in antiquity and Shakespeare, later, expressed the similarity between the "furor poeticus" and the mental disturbances of "lovers and madmen." They attributed both creativity and madness "which purges away ancient wrath" to possession by the Muses. It remained for Sigmund Freud to condense and synthesize various philosophical, religious, and mythological concepts of the sources of creativity, to combine them with the Greek statement concerning catharsis; and to achieve a theory of the unconscious which included a reasonable explanation of art creation as man's own unconscious mental process.

Art therapy as practiced in psychiatry may sometimes be the primary therapy, and at other times an adjunctive therapy. It is interesting to note that some of the contraindications for verbal group therapy may be indications for group art psychotherapy. For instance, a person in an acute crisis situation can participate and depict conflicts without necessarily dominating the group with verbal explanations. The graphic metaphor is viewed and shared. A depressed person who might easily get lost in a verbal group can be helped to overcome psychomotor retardation by moving, doing, and taking action. Symptoms are more difficult to hide in graphics. Even suicidal potential is seldom concealed. Anxiety, low frustration tolerance, shyness or exhibitionism, while presenting difficulty in verbal group therapy, may in art psychotherapy be transformed into behaviors and images that can be expressed and understood. Even a psychotic patient can participate, share, relate to and master primitive impulses.

Many theories of personality in use today are incomplete because they are based on studies of pathology and, therefore, may be insufficient as related to the development of the socially competent person. What is needed is a theory of personality growth which recognizes a series of developmental processes concerned both with the avoidance of pain as well as the capturing of pleasure. We know from contemporary research that the brain contains subsystems concerned with the affective realization of pleasurable stimuli as well as the avoidance of distress.[1] Art therapy can be a valuable tool in the social rehabilitation of many patients who remain resistive to current therapeutic intervention techniques. There are many successful socially competent individuals, who carry enormous loads of pathology but who never experience the need for treatment. For many of these individuals, the arts have provided a means to facilitate the experiencing of excitement, joy, and pleasure which converts and counters some of the negative influences of guilt, helplessness and anger.

In addition to the support that has come out of psychoanalytic thinking of art as a nonverbal expressive tool in the treatment of psychiatric patients; finally, now comes added support from neuroscientists, brain anatomists, biochemists, and other specialists in the physical sciences, who are mapping the brain and its function from an entirely different perspective. All of these viewpoints seem to offer clinical and experimental evidence, along with anthropological data, suggesting that the brain and the personality have special areas which can be best reached, and whose energies and feelings can best be expressed, through the arts.

Art activity is a civilizing force and a necessity for humankind. It is also a basic natural human activity.

[1] Dr. Lawrence C. Kolb. Working Papers. The Rockefeller Foundation.

PART VI

THE STATE OF THE ARTS IN EDUCATION AND THERAPY

Introduction

The subject matter of the presentations in this volume range from the visionary to the practical, partaking often of dreams – the stuff of art – but not infrequently of the concrete activities without which no art takes place. In order for a field to develop and grow, it needs allies in more established disciplines; it needs places to take root in order to flourish. Art and other creative fields in Western Pennsylvania, have been much supported by a Pittsburgh-based foundation, the Maurice Falk Medical Fund. The arts have also been supported in Pennsylvania through the appreciation of the people in the State Department of Education in Harrisburg.

Clyde McGeary, Chief, Bureau of Curriculum Services for Pennsylvania, was the luncheon speaker at the Conference. He spoke of Pennsylvania's efforts to promote the arts within the educational system, and of Pennsylvania's efforts in collaboration with other states to bring all of the arts to all of the children.

Philip Hallen, President, Maurice Falk Medical Fund, spoke at the end of the conference. He described developments on the national scene in the creative arts therapies. He commented on projected plans for interchange between these new mental health disciplines and the traditional ones, through the efforts of the President's Commission on Mental Health and his own foundation's planned conference.

The understanding and support, both moral and substantive, of people like these two men, has sustained our efforts in the Pittsburgh area. Art therapy is a blossoming field. In Pittsburgh, we are encouraged that more is happening in both jobs and training than was true at the time of the First Pittsburgh Conference on Art Therapy (1974). It is our hope that the future will bring even greater growth and expansion.

Conferences, such as this one, provide opportunities to meet others with similar interests, as the 300 participants discovered. They also provide many and varied opportunities for learning. What we have learned, however, needs to be shared not only among ourselves, but also, with others who may not be familiar with what art therapy has to offer. We hope that this Proceedings will interest and enlarge the perspectives of those who were present at the Conference as well as those who were unable to attend.

EMERGING PATTERNS OF STATEWIDE PLANNING FOR COMPREHENSIVE ARTS IN EDUCATION PROGRAMS

Clyde M. McGeary, Chief
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Bureau of Curriculum Services
Pennsylvania Department of Education
Harrisburg, Pennsylvania

Our pride in Pennsylvania's leadership role for the Arts in Education is well justified. Our work and organizational effort can be traced back over several generations of people serving in the fields of education, health and psychology. Right here in Pittsburgh we lay claim to many early efforts to establish quality programs for children and adults in the realm of creative and mental growth or fulfillment. People like: Wilferd Readio, at Carnegie Tech; Blanche Jefferson, at Pitt; Valentine Kirby, Mary Ad McKibben, Olita Benn, Wes Mills, Joe Fitzpatrick, Stan Levin – to name a few!

Lately, our pride is bolstered by the knowledge that we have taken a national leadership role in advocating "all the arts for every person." Such advocacy has meant a willingness to formulate comprehensive plans to strengthen and expand what we mean by "the arts." Plans require definitions that include renewed or increased attention to dance/movement, theatre/drama, filmic arts, creative writing and poetry, archi-

This is a condensed version of Mr. McGeary's remarks.

tecture as well as those staples, music and art. Further, the formulation of comprehensive plans include a breadth of activities such as: preparing programs (curriculum), preparing people to competently present and lead such programs, and preparing ourselves to efficiently and effectively utilize resources – human and material.

Most importantly, however, our comprehensive plans provide arts education for all persons. By all, we mean all – the healthy, the weak, the gifted, the young, the talented, the confused, the handicapped, the strong, the disturbed, the old, the distraught, the confident, the timid – everyone.

Plans are one important step. They must be followed by action and commitment with responsibility and ableness as assured factors. Pennsylvania's commitment to action for Arts in Education touches almost every community of our state. Some of our programs are funded or supported in part by Federal money. Others, the majority, are financed by local or state effort. We are busy at the state level working to establish networks of schools, community organizations (museums, hospitals, theatres, foundations, churches, orchestras and choral groups) that in turn focus the richness of their talents and resources upon the creation of a quality, comprehensive Arts in Education effort. This Pennsylvania-wide effort should be of great interest to each of you for it holds an opportunity to link your own interests, talents and resources with others, enabling a strength, quality and depth of service we cannot achieve by ourselves.

On a national scale we have due reason to be proud, too. We took the initiative in establishing an Ad Hoc Coalition of States for Arts in Education. In addition to Pennsylvania, eight other states have pledged to work together sharing resources and talents when possible. The states: Michigan, California, Washington, New York, Massachusetts, Indiana, Oklahoma and Arizona represent a massive portion of our nation's population. The J. D. Rockefeller 3rd Fund, Arts in Education Program, under the leadership of Ms. Kathryn Bloom, facilitates activities of the Coalition by funding and expert consultation. The Coalition has taken a supportive and strong position on the need for every state to develop a comprehensive Arts in Education plan. Information, in the form of a report related to each state's program, is available from my office or the JDR 3rd Fund, Arts in Education Program, 50 Rockefeller Plaza, New York, NY 10020. The Coalition is postured to play an important role as a national program for arts in education emerges.

Related to the Coalition is another organization supported by the JDR 3rd Fund called the League of Cities for Arts in Education. New York City; Hartford, Connecticut; Little Rock, Arkansas; Oklahoma City; Winston-Salem; Seattle, Washington; and Minneapolis have committed their resources to establish comprehensive Arts in Education programs. Remarkable successes are being scored in such places. Cities like our own Pittsburgh are following this lead and searching for ways to improve, expand or begin anew arts education efforts.

We have good reason to be proud of what we have begun – what we have pioneered here in Pennsylvania via arts education. Our influence is nationwide and, in a sense, global. Despite these times of economic trial we have survived. We have dared to translate and put into action what we know and believe about human problems and growth. We are drawing upon all of the arts and the processes of artistic expression, incorporating their values in our programs. We are establishing the "artistic process" on an equal billing with the "scientific process," as a manner of structuring ways of knowing, learning and creating. We stress the positive value of every person's artistic expression. We explore and celebrate the differences of people – in mind and body. Now, we face an exciting future of potential growth for programs we have worked hard to establish.

THE STATE OF THE ARTS THERAPIES

Philip B. Hallen
President, Maurice Falk Medical Fund
Pittsburgh, Pennsylvania

Standing in front of an audience of art therapists in Pittsburgh is a doubly pleasant experience. Not only is it a good part of my own professional interest and activity, along with the other expressive arts areas; but it is also wonderful to see this city recognized by so many as a center of these kinds of activities. My main message is simply that there is a tremendous amount of activity in the expressive arts in Pittsburgh, and particularly in art therapy. After all, one of our colleagues will head the national organization next year and our impact on the national scene, hopefully will be even greater.

What is also interesting at this moment in history is the fact that, only a few weeks ago at a conference at the Carnegie Institute on Arts and Education, I had the opportunity to urge Joan Mondale to press for the

creation of a panel on the arts and mental health within the President's Commission on Mental Health. I am happy to report that has occurred, and the panel is in the formative stages even now. During the one-year life of the Commission, this panel will look at the arts and environment as a part of the whole quality of life related to the delivery of mental health services. Hopefully, it will come forward with some very forceful recommendations about an even greater use of the expressive arts in education, prevention, and therapy.

From my own perspective, which is somewhat national, I see a constant problem for the expressive arts therapies, in that usually the wrong people are the ones who are talked to about the importance of these activities. I don't need to tell you that there is no point in convincing each other here that art therapy is an important field. But the people who need to get the message are the administrators, frequently psychiatrists, who are hospital superintendents, directors, and mental health commissioners. To this end, there is currently being planned a national conference on expressive arts therapies by the Falk Medical Fund to be conducted by the American Psychiatric Association (APA). My reasoning for this approach is that we must bring the message of the importance of the expressive arts to those very people who hold the positions of power and decision-making within the medical structures.

So this is all by way of urging you to talk a little less to each other, and more to the power brokers, so that we can see even greater progress than we have thus far. I am hopeful that both the President's Commission Task Panel on the Arts and Mental Health, and this Falk APA Conference will be a major forward jump within this next year.

NOTE: At the time these proceedings are being compiled and printed, the Task Panel referred to in Mr. Hallen's remarks has completed its work and made recommendations to the President's Commission. A quote from that report suggests that some of the outcomes hoped for may be within grasp, and certainly does sound a hopeful note: "We outline the importance of the arts in the prevention of mental illness, especially for those we consider at risk – where such vitality is impaired, deficient, or in decline – but has not reached a level diagnosed in mental illness. Finally, we outline the importance of the arts in the treatment of the mentally or emotionally ill. Our firm conclusion is that the arts have a unique but rarely publicized or fully appreciated effect on aspects of mental health programs."

From Executive Summary Report of the Task Panel on the Role of the Arts in Therapy and Environment submitted to the President's Commission on Mental Health, February 1978.